DLN: 93493317052059 OMB No. 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable SIERRA ELĔCTRIC COOPERATIVE INC □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite (575) 744-5231 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code ELEPHANT BUTTE, NM $\,$ 87935 $\,$ **G** Gross receipts \$ 9,666,474 Name and address of principal officer H(a) Is this a group return for DENISE BARRERA ☐Yes **☑**No subordinates? PO BOX 290 H(b) Are all subordinates ELEPHANT BUTTE, NM 87935 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or 501(c) (12) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SIERRAELECTRIC ORG L Year of formation 1952 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE ELECTRIC POWER TO RURAL AREAS AT COST ON A COOPERATIVE BASIS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 11,786 **b** Net unrelated business taxable income from Form 990-T, line 34 6,157 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 8,931,812 9,486,907 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 148,006 154,378 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,574 23,187 9,108,392 9,664,472 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,129 7,013 655,028 569,253 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,301,010 1,296,042 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,146,225 7,792,164 9,108,392 9,664,472 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year End of Year 22,544,634 23,776,494 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 13,076,902 14,090,824 22 Net assets or fund balances Subtract line 21 from line 20 . 9,467,732 9,685,670 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-29 Signature of officer Sign Here DENISE BARRERA GENERAL MANAGER Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2019-10-22 P00439459 Paid self-employed Firm's name

BOLINGER SEGARS GILBERT AND MOSS LLP Firm's EIN > 75-0882037 Preparer Use Only Firm's address ▶ 8215 NASHVILLE AVENUE Phone no (806) 747-3806 LUBBOCK, TX 79423 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| orm | 990 (2 | 2018) | | | | Page 2 |
|------|----------------------------|---|-------------------------|---|--|-------------------------------------|
| Pa | rt III | Statement of Program S | ervice Accomplis | hments | | |
| | | Check if Schedule O contains a | response or note to a | any line in this Part III | | 🗆 |
| 1 | Briefly | describe the organization's mis | | • | | |
| COMI | ROVIDE MITTED MUNITY | TO MAINTAINING AN ENVIRON | TRIC SERVICE AND R | ELATED PRODUCTS TO ARD AND EMPLOYEES (| OUR MEMBERS AT COMPETITIVE P CAN PERFORM AT MAXIMUM POTEN | RICES WE ARE FIAL TO BENEFIT OUR |
| 2 | Dıd th | ne organization undertake any si | gnificant program serv | vices during the year w | hich were not listed on | |
| | the pr | or Form 990 or 990-EZ? | | | | 🗌 Yes 🗹 No |
| | | s," describe these new services | | | | |
| 3 | Did th | ie organization cease conducting | , or make significant (| changes in how it condu | ucts, any program | |
| | | es? s," describe these changes on Se | chedule O | | | ☐ Yes 🗹 No |
| 4 | Sectio | | nizations are required | to report the amount of | largest program services, as measu of grants and allocations to others, t | |
| 4a | (Code |) (Expenses s | ; | including grants of \$ |) (Revenue \$ |) |
| | See Ad | iditional Data | | | | · |
| 4b | (Code |) (Expenses s | ; | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4c | (Code |) (Expenses s | ; | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4d | | program services (Describe in S | | | | |
| | | enses \$ | including grants of | \$ |) (Revenue \$ |) |
| 4e | Total | program service expenses > | | | | |

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Yes 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 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 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **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?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

20b

21

| 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 K. If "No." 70 to Nine 25a. 24a Did the organization have a tax-exempt bond issue with an outstanding annopal amount of more than \$100,000 as of the last of the year, this was sixual after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." 70 to Nine 25a. 24b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary penide exception? 24c Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary penide exception? 24d Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary penide exception? 24d Did the organization mixest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization marks an an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization eagure 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 they solve on the solve of the propriets of the | orm | 990 (2018) | | | Page 4 |
|--|-----|--|-----|-----|---------------|
| 23 Did the organization answer "Yes" to Part VII, Section A, Inis 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. Part IV and the organization have a tax-evempt 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 "Yo," or to the 25a of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b | Par | Checklist of Required Schedules (continued) | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule P. 124 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 Insex 24b through 24d and complete Schedule K. If "No." go to line 25s 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization mentan an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization and as an "in behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 15 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-E22 16 Post, Complete Schedule L, Part II 17 Did the organization array 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 person? 17 Post, Complete Schedule L, Part II 18 Section Standard and the surface of the section committee member, or to a 35% controlled entity or family member of a formal or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a formal or three persons? If "Yes," complete Schedule L, Part II 19 No 21 A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 22 In the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 23 No 24 Did the organization releve more than \$25,000 in non-cash contributi | | | | Yes | No |
| 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 "Mo," go to line 25a. 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? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization has not been reported on any of the organizations with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 15 Is the organization has not been reported on any of the organization's prior Forms 990 or 990-E2? 16 Part Yes, "complete Schedule L, Part I. 27 Obd 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, ubstantial contribution 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 IV. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 No. 29 No. 29 No. 28 No. 29 No. 29 No. 29 No. 29 Did the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule M. 29 No. 29 No. 29 Did the organization receive contributions of art, historical tressures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization in | 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | No |
| to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "one behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 24d 24d 24d 24d 24d 24 | 24a | the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and | 24a | | No |
| to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-E27 16 Pres," complete Schedule L, Part II. 27 Did the organization report any amount on Part X, line S, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II). 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A netty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets; or qualified conservation contributions? If "Yes," complete Schedule N, Part II. 31 No 32 Did the organization or elaboration and that is the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 35 Did the organization organization ore laboration receive any | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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. 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 spot on 990-E25 if "Yes," complete Schedule L, Part II. Did 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 spot on 990-E25 if "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization organized organization in created as eparate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule M. Did the organization organization will observe than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part V, Ine 1 13 Did the organization organization decrea | С | | 24c | | |
| Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . 15 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-EE? . 16 Did the organization report any amount on Part X, line 5, 6, 72 2 for receivables from or payables to any current or former officers, directors, trustees, ewe pulpoyees, lighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 17 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 . 18 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28 No 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 director, insteed, or key employee (or a family member thereof) was an other organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 No Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II . 30 Did the organization of section 512 (b) (13)? If "Yes," complete Schedule R, Part V, Inc. 2 31 No 32 Did the organization of section 512 (b) (13)? If "Yes," complete Schedule R, Part V, Inc. 2 32 Did the orga | d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 1 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 1 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 1 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2 A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an 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 M 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 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 V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line | 25a | Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," | 25a | | |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 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 II . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, 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 A nentity 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 . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 30 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 . 31 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, Ima 1 35a Yes Did the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ima 2 35b No 36c Section 501(c)(3) orga | b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 25b | | |
| 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 26 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? | 26 | | No |
| instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 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 where Yes," complete Schedule L, Part IV. 28b No 28c No 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. 31 Did the organization iliquidate, 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. 31 No 32 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 Did 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)? 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 Jud 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 1 | 27 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27 | | No |
| Part IV | 28 | | | | |
| Part IV | а | | 28a | | No |
| officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c No Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 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 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? 33 If "Yes," complete Schedule N, Part II. 34 Was 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. 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Ines 11b and 19? Note. | b | | 28b | | No |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | С | | 28c | | No |
| contributions? If "Yes," complete Schedule M | 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 30 | | 30 | | No |
| If "Yes," complete Schedule N, Part II | 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 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 | 32 | | 32 | | No |
| Part V, line 1 | 33 | | 33 | | No |
| 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 | 34 | 76. 1 | 34 | Yes | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | 35a | Yes | |
| organization? If "Yes," complete Schedule R, Part V, line 2 | | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ** | 35b | | No |
| is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Note. No No 18 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. | 36 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| Ι _ Ι Υρε Ι | 37 | is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏 | 37 | | No |
| | 38 | | 38 | Yes | |

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 personal benefit contract?

7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

8

9a

9h

15

No

Form **990** (2018)

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a 9,258,836 **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 197,142 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

10a

10b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

| orm | 990 (2018) | | | Page 6 |
|----------|---|---------|---------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to | lines 🗸 |
| Se | ction A. Governing Body and Management | | | ı |
| _ | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | If there are material differences in voting rights among members of the governing | 1 | | |
| | body, or if the governing body delegated broad authority to an executive committee or | | | |
| h | similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent | | | |
| b | 1b 9 | | | |
| 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 | | 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 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 | | No |
| 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 | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | ∍.) | |
| | | | 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 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | 12b | | |
| _ | conflicts? | 120 | | |
| · | Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 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 | Yes | |
| 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 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| e- | ction C. Disclosure | 16b | | |
| <u> </u> | 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-A 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) | | | |
| 19 | 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 | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records DENISE RAPPERA GENERAL MANAGER 610 HWY 105 ELEPHANT BUTTE NM 87035 (575) 744-5231 | | | |

Part VII

 \checkmark

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

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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

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

- 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 for related | , | ne bo | ox, u n of tor/t | t che unle: ficer rust | ss pers and a ee) | son | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and | | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Key employee Officer | | Former Highest compensated employee | | Former Highest compensated employee Key employee | | MISC) | MISC) | related organizations |
| (1) JOHN BOKICH PRESIDENT | 3 80 | Х | | х | | | | 10,325 | 0 | 0 | | |
| (2) DARRY SULLIVAN VICE PRESIDENT | 4 80 | Х | | x | | | | 8,795 | 0 | 0 | | |
| (3) CHARLES MCMATH SECRETARY | 3 30 | х | | х | | | | 9,410 | 0 | 0 | | |
| (4) GEORGE BIEL TREASURER | 3 50 | × | | x | | | | 10,685 | 0 | 0 | | |
| (5) THOMAS STROUP TRUSTEE | 1 70 | Х | | | | | | 8,516 | 0 | 0 | | |
| (6) OSCAR LEE WOOD TRUSTEE | 1 80 | Х | | | | | | 8,210 | 0 | 0 | | |
| (7) TAMI GARRETT TRUSTEE | 1 90 | Х | | | | | | 8,870 | 0 | 0 | | |
| (8) JUDY SMITH TRUSTEE | 1 70 | Х | | | | | | 8,527 | 0 | 0 | | |
| (9) DENNIS FRANKLIN TRUSTEE | 1 40 | х | | | | | | 8,442 | 0 | 0 | | |
| (10) DENISE BARRERA GENERAL MANAGER | 40 00 | | | х | | | | 103,556 | 0 | 24,702 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | I | | | _ | | | | ı | | Form 990 (2018) | | |

| Form 990 (2018) | | | | | | | | | Page 8 |
|--------------------------------------|---|---------|-------|------------------|-------------------------|--------|--|---|--|
| Part VII Section A. Officers, Direct | ors, Trustees | , Key I | Empl | oyee | s, and | Higl | nest Compensate | d Employees (co | ntinued) |
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | than o | ne bo | x, un n offic | Highest con employee | Former | (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 |

| | trustee 'r | nal Trustee | oyee | onpensated | | |
|--|---------------|-------------|------|------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 1b Sub-Total | | | | | | > | | | | |
|---|--|--|--|---|--|-------------|--|---------|---|--------|
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | • | | > | | 185,336 | 0 | 24,702 |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1

| | | | Yes | No |
|---|--|---|-----|------|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| 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 individual | | | |
| | | 4 | | No |
| 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 J for such person | | | |
| | services rendered to the organization of these, complete Schedule 5 for such person | 5 | 1 | No |

| • | organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
|----|---|---------|------|----|
| | ındıvıdual | 4 | | No |
| 5 | 5 | | No | |
| Se | ection B. Independent Contractors | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con- | nnensat | tion | |

| | | | 4 | NO | | | |
|----|---|-----|---|----------|--|--|--|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person | • | 5 | No | | | |
| Se | Section B. Independent Contractors | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | |
| | (4) | /=\ | 1 | <u> </u> | | | |

| No | | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|--|
| Section B. Independent Contractors | | | | | | | | | |
| sation | | | | | | | | | |
| (C) Compensation | | | | | | | | | |
| | | | | | | | | | |

| Se | ection B. Independent Contractors | | | | | | | |
|----|---|-----------------------------|---------------------|--|--|--|--|--|
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 | | | |
|--|--|--|--|

Form **990** (2018)

| Part | | Statement of | Revenue | | | | | | | | rage 3 |
|---|------------|---|----------------------|---------|---------------------|----------------------|--------|--|------------------|---|--|
| | | Check if Schedul | e O contains | a respo | onse or note to any | line in this Par | VIII | | | | 🗹 |
| | | | | | | (A) Total revenue | e | (B) Relate exem functi | d or pt on | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1 | a Federated campaig | ns | 1a | | | | reven | ue | | 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues | | 1b | | | | | | | |
| Gifts, Grants illar Amounts | | c Fundraising events | | 1c | | | | | | | |
| IS, (| | d Related organizatio | | 1d | | | | | | | |
| Gif ilar | | e Government grants (co | ontributions) | 1e | | | | | | | |
| ns, | | f All other contributions | , gıfts, grants, | | | | | | | | |
| itio er S | | and similar amounts n above | ot included | 1f | | | | | | | |
| 를 돌 | | g Noncash contribution | ons included | | | | | | | | |
| Contributions, and Other Sim | | in lines 1a - 1f \$ | 4.6 | | | | | | | | |
| ة ت | | h Total. Add lines 1a | -1r | • | > | | | | | | |
| ıle | _ | SALES OF ELECTRICITY | | | Business | s Code | 9.23 | 1,742 | 9,231 | .742 | |
| ven | | PATRONAGE DIVIDENDS | | | | 221000 | | 8,064 | , | ,064 | _ |
| 2 <u>₹</u> | | SERVICE FEES | | | | 221000 | | 7,101 | | ,101 | |
| Service Revenue | C | SERVICE FEES | | | | 221000 | | <u>, </u> | | <u> </u> | + |
| Se | c | d ———————————————————————————————————— | | _ | | | | | | | + |
| ıran | • | - | | _ | | | | | | | |
| Program | | · All other program se | | | 9, | 486,907 | | • | | • | • |
| | | Total. Add lines 2a-2 | | | <u> </u> | 1 | | | | | |
| | | Investment income (i similar amounts) . | | | nterest, and other | 15 | 4,378 | | | | 154,378 |
| | 4 | Income from investme | ent of tax-exe | empt b | ond proceeds | • | | | | | |
| | 5 | Royalties | | | | • | | | | | |
| | 62 | Gross rents | (ı) Rea | I | (II) Personal | - | | | | | |
| | | a cross rems | | | | | | | | | |
| | ı | b Less rental expenses | | | | | | | | | |
| | | c Rental income or | | | | - | | | | | |
| | | (loss) | | | | _ | | | | | |
| | • | d Net rental income o | r (loss) (i) Securit | | (II) Other | 1 | | | | | |
| | 7 <i>a</i> | Gross amount | (i) Securit | lies | (II) Other | - | | | | | |
| | | from sales of assets other | | | | | | | | | |
| | | than inventory | | | | | | | | | |
| | ı | b Less cost or other basis and | | | | | | | | | |
| | | sales expenses C Gain or (loss) | | | | - | | | | | |
| | | d Net gain or (loss) | | | • | ┪ | | | | | |
| | 88 | Gross income from f | _ | | | | | | | | |
| ıue | | (not including \$ contributions reporte | | of | | | | | | | |
| .ve | | See Part IV, line 18 | | | | | | | | | |
| Ä | | b Less direct expense c Net income or (loss) | | Ь | - nt- | | | | | | |
| Other Revenue | | Gross income from g | | | ents • | 1 | | | | | |
| Ó | | See Part IV, line 19 | | | | | | | | | |
| | | b Less direct expense | | a b | | - | | | | | |
| | | c Net income or (loss) | | | les | _ | | | | | |
| | 10 | aGross sales of invent | | | | | | | | | |
| | | returns and allowand | es | a | 1,331 | | | | | | |
| | ı | b Less cost of goods s | sold | b | , | | | | | | |
| | | C Net income or (loss) | | invent | ory ► | | -671 | | -671 | | |
| | | Miscellaneous | | | Business Code | | | | | | |
| | 11 | Lapole ATTACHMENT | INCOME | | 22100 | 1 | .2,072 | | | | 12,072 |
| | | h | No. | | 51700 | 10 | 1,786 | | | 11,786 | |
| | ' | b internet marketi | NG | | 31/00 | 1 | .1,700 | | | 11,/80 | |
| | | c | | | | | | | | | |
| | • | = | | | | | | | | | |
| | | d All other revenue . | | | | | | | | | |
| | | e Total. Add lines 11a | -11d | | > | | 12 050 | | | | |
| | 12 | 2 Total revenue. See | Instructions | | | | 3,858 | | 0.406.355 | | |
| | | | | | - | 9,66 | 4,472 | | 9,486,236 | 11,786 | 166,450 Form 990 (2018) |

| Forr | n 990 (2018) | | | | Page 10 |
|------|--|---------------------------|------------------------------|---|-------------------------------------|
| | Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | ınızatıons must com | plete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX $$. | | | 🗹 |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 7,013 | · | | |
| 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, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 569,253 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 210,038 | | | |
| 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 | 686,772 | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 70,031 | | | |
| 9 | Other employee benefits | 266,524 | | | |
| 10 | Payroll taxes | 62,677 | | | |
| 11 | Fees for services (non-employees) | | | | |
| ā | a Management | | | | |
| ŀ | Legal | | | | |
| | : Accounting | | | | |
| | l Lobbying | | | | |
| 6 | 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 | | | | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| | Interest | 597,333 | | | |
| 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 765,047 | | | |
| | Insurance | | | | |
| | 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) | | | | |
| | a PURCHASED POWER | 5,446,589 | | | |
| | b ADMIN & GENERAL EXPENSE | 419,009 | | | |
| | c DISTRIBUTION EXPENSE | 395,676 | | | |
| | d CONSUMER EXPENSE | 145,762 | | | |
| | e All other expenses | 22,748 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 9,664,472 | | | |
| 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 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

| | 2 | Savings and temporary cash investments | 600,000 | 2 | 1,575,000 |
|------|---|--|---------|---|-----------|
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 715,185 | 4 | 720,495 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 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 | | 6 | |
| - 23 | | | | | |

| | | Part II of Schedule L | | | | | |
|--------|-------------------------------|---|-------------|------------|------------|-----|------------|
| | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations of coluntary employees' beneficiary organizations. Part II of Schedule L | | 6 | | | |
| ets | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 Inventories for sale or use | | | | 171,560 | 8 | 173,485 |
| A | 9 | Prepaid expenses and deferred charges | | | 590,664 | 9 | 616,365 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 23,916,712 | | | |
| | b | Less accumulated depreciation | 10 b | 8,094,737 | 15,856,338 | 10c | 15,821,975 |
| | 11 | Investments—publicly traded securities . | | | 628,738 | 11 | 612,148 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | |

3.749.333

22.544.634

602,558

95.942

11,723,113

655.289

13.076.902

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9,467,732

9,467,732

22,544,634

3.974.062

15.257

23,776,494

12,627,595

816.501

14.090.824

0

9,685,670

9,685,670

23,776,494

Form **990** (2018)

646,728

Audit Act and OMB Circular A-133? 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

Form 990 (2018)

Additional Data

Software ID:

Software Version:

Form 990 (2018)

Form 990, Part III, Line 4a:

ALLOCATION OF PATRONAGE CAPITAL

SALE OF ELECTRIC POWER TO MEMBERS - 4.233 ACTIVE SERVICES WERE PROVIDED POWER AT YEAR END AT COST ON A COOPERATIVE BASIS THROUGH THE

EIN: 85-0093694

Name: SIERRA ELECTRIC COOPERATIVE INC

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493317052059 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

8

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** SIERRA ELECTRIC COOPERATIVE INC 85-0093694 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

| Par | t II | Organizations M | aintaining Col | lections o | of Art, H | istori | cal T | reası | ıres, o | r Other | Similar As | sets (conti | nued) | |
|--------|-------|--|------------------------------|----------------|--------------------|------------|------------|---------|------------|-------------|---------------------------|-----------------|------------|-----------|
| 3 | | ing the organization's acq ms (check all that apply) | juisition, accessio | n, and other | records, | check a | any of | the fo | llowing 1 | that are a | significant u | ise of its coll | ection | |
| а | | Public exhibition | | | | d | | Loan | or exch | ange prog | ırams | | | |
| b | | Scholarly research | | | | е | | Othe | r | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | | ovide a description of the rt XIII | organization's col | lections and | l explain h | ow the | ey furti | her the | e organi: | zation's ex | kempt purpo | se in | | |
| 5 | | ring the year, did the org sets to be sold to raise fur | | | | | | | | | ılar | ☐ Yes | □ N | o |
| Pa | rt I\ | Escrow and Cust Complete if the ord X, line 21. | | | " on Forr | n 990 | , Part | IV, lı | ne 9, o | r reporte | ed an amou | ınt on Form | 990, | Part |
| 1a | | the organization an agent luded on Form 990, Part : | | an or other | ıntermedi | ary for | contri | bution | s or oth | er assets I | not | ☐ Yes | □ N | 0 |
| ь | If | "Yes," explain the arrange | ement ın Part XIII | and comple | ete the fol | lowing | table | | | | Α | mount | | _ |
| c | Ве | ginning balance | | · | | _ | | | | 1c | | | | _ |
| d | Ad | ditions during the year | | | | | | | | 1d | | | | _ |
| е | Dis | tributions during the year | r | | | | | | | 1e | | | | _ |
| f | En | dıng balance | | | | | | | | 1f | | | | _ |
| 2a | | the organization include | | | | | | | | | | | □ N | 0 |
| | | 'Yes," explain the arrange | | | | | | | | | | | | |
| Pa | rt V | Endowment Fund | ds. Complete if | | | | | | | | t IV, line 1 (d)Three yea | | our year | an bandi |
| 1a | Bea | nning of year balance . | | (a)Currer | it year | (0)81 | rior yea | " | (C) I WO y | edis pack | (d)Timee yea | irs back (e) | our year | S Dack |
| | _ | tributions | | | | | | | | | | | | |
| | | investment earnings, gair | ns and losses | | | | | -+ | | | | | | - |
| | | nts or scholarships | | | | | | | | | | | | |
| | | er expenditures for facilities | | | | | | _ | | | | | | |
| _ | | programs | | | | | | | | | | | | |
| f | Adm | inistrative expenses . | | | | | | | | | | | | |
| g | End | of year balance | | | | | | | | | | | | |
| 2 a | | ovide the estimated perce ard designated or quasi-e | | ent year end | l balance (| (line 1g | g, colu | mn (a |)) held a | 15 | | | | |
| b | | manent endowment > | | | | | | | | | | | | |
| c | Te | mporarily restricted endo | wment > | | | | | | | | | | | |
| · | | e percentages on lines 2a | | ıld equal 100 | 0% | | | | | | | | | |
| 3a | | there endowment funds | | | | on that | t are h | eld an | d admın | istered fo | r the | | | |
| | _ | janization by | | | | | | | | | | | Yes | No |
| | ٠, | unrelated organizations | | | | | • | | | | | 3a(i) | | |
| h | - |) related organizations . 'Yes" on 3a(ii), are the re | | ne lieted as r | equired o | n Sche | dule R | | | | | 3a(ii) 3b | | |
| 4 | | scribe in Part XIII the inte | | | • | | | • | | | | | | |
| Pai | rt V | | | | | | | | | | | | | |
| | | Complete If the or | ganization ansv | vered "Yes | | | | | | | | | | |
| | Des | cription of property | (a) Cost or oth (investme | | (b) Cost o | or other | basıs (| other) | (c) Acc | cumulated o | lepreciation | (d) B | ook valu | e |
| 1a | Land | | | | | | | 29,241 | | | | | | 29,241 |
| | | dıngs | | | | | 6: | 30,697 | | | 225,959 | | | 404,738 |
| | | sehold improvements | | | | | | | | | | | | |
| | | pment | | | | | 23,2 | 28,294 | | | 7,868,778 | | 15 | 5,359,516 |
| | - | er | | | | | | 28,480 | | | | | | 28,480 |

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

15,821,975

| Investments—Other Securities. Complete See Form 990, Part X, line 12. | | | | | |
|--|-----------------------|----------------------|------------------|--------------------------------|------------------------------------|
| (a) Description of security or category (including name of security) | | (b) Book value | | Method of val end-of-year m | |
| .) Financial derivatives | | | | | |
|) | | | | | |
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|) | | | | | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | | | |
| Investments—Program Related. Complete if the organization answered 'Yes' or | on Form 990. F | Part IV. line | 11c. See Form | 990, Part X, | line 13. |
| (a) Description of investment | (b) Book | | (c) | Method of val end-of-year m | uation |
|)CAPITAL TERM CERTIFICATES - CFC | | 137,100 | COSL OF | Ċ | ainer value |
|)PATRONAGE CAPITAL - CFC)PATRONAGE CAPITAL - TRI-STATE G&T | | 120,559 3,593,895 | | C C | |
| OTHER INVESTMENTS IN ASSOCIATED ORGANIZATIONS | | 92,363 | | С | |
|)PATRONAGE CAPITAL - NISC) | | 30,145 | | С | |
|) | | | | | |
| | | | | | |
| | 1 | | | | |
| 9) | | | | | |
| | | 3,974,062 | | | |
| | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | t X, line 15 (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer (a) Descrip | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Descrip | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer (a) Descrip | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Descrip | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Descrip) | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer (a) Descripe) | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Descripe)))) | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer (a) Descripe)))))) | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| Other Assets. Complete if the organization answer (a) Descriped in the organization answer (b) Descriped in the organization answer (b) Descriped in the organization answer (c) Descriped in the organization answer (b) Descriped in the organization answer (c) Descriped in the organization and Descriped in t | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| Other Assets. Complete if the organization answer (a) Descriped in the organization answer (b) Descriped in the organization answer (b) Descriped in the organization answer (c) Descriped in the organization answer (b) Descriped in the organization answer (c) Descriped in the organization and Descriped in t | ered 'Yes' on For | | IV, line 11d See | Form 990, Par | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer (a) Descrip (b) (c) (a) Descrip (a) Descrip (b) Descrip (c) Descrip (d) Descrip (e) Des | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Descrip)))))))))))) (a) Descrip (b) must equal Form 990, Part X, col (B) line 15) | ered 'Yes' on For | m 990, Part | n 990, Part IV, | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description (b) Description (c) Description of liability (d) Description of liability (e) Federal income taxes | ered 'Yes' on For | m 990, Part | n 990, Part IV, | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description (b) Description of liability Description of liability (c) Pederal income taxes ONSUMER DEPOSITS | ered 'Yes' on For | m 990, Part | n 990, Part IV, | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description (b) Description (c) Description of liability (c) Federal income taxes ONSUMER DEPOSITS CUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFIT | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| Cal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description butal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Description of liability Federal income taxes INSUMER DEPOSITS CUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFIC CRUED OPERATING TAXES TRONAGE REFUNDS UNDELIVERABLE | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes INSUMER DEPOSITS CUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFIC CRUED OPERATING TAXES TRONAGE REFUNDS UNDELIVERABLE | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description (b) Description (c) | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answer (a) Description (b) Description (c) | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answer (a) Description (b) Description (c) | ered 'Yes' on For | m 990, Part | | | (b) Book value |
| Other Assets. Complete if the organization answer. (a) Description (b) must equal Form 990, Part X, col (B) line 13 (Column (b) must equal Form 990, Part X, col (B) line 15 (Description (B) must equal Form 990, Part X, col (B) line 15 (Description (B) must equal Form 990, Part X, line 25. | ered 'Yes' on For | m 990, Part | | | (b) Book value |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

b Add lines **4a** and **4b** 4c 4,129 c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 9,664,472 Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 9,091,090 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b 2c c 2d Other (Describe in Part XIII) d

Add lines 2a through 2d 2e 3 9,091,090

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

573.382 4b b

Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

573,382 9.664.472 Supplemental Information

5 Part XIII 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

Return Reference Explanation See Additional Data Table

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
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| | |
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| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 85-0093694

Name: SIERRA ELECTRIC COOPERATIVE INC

Supplemental Informati

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| PART X, LINE 2 | THE COOPERATIVE UTILIZES THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPE RATIVE 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 INTER NAL REVENUE SERVICE(IRS), OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES |

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | EXPENSES RECLASSED FROM NON-OPERATING INCOME 4,129 |

S

| upplemental Information | | | | | | | |
|--|---|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 569,253 EXPENSES RECLASSED FROM NON-OPERATING INCOME 4,129 | | | | | | |

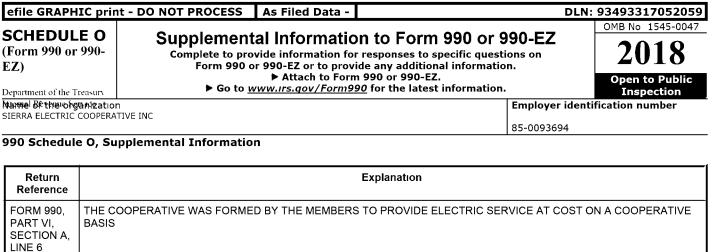
| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| | THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY, IN A CCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART IX HAS BEEN LEFT BLANK |

_ _ _

| upplemental Information | |
|-------------------------|---|
| Return Reference | Explanation |
| 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 D IVIDENDS 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 ASPECTO FOR HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BAS IS, 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 P |

ROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

Supplemental Information



Return Explanation

| FORM 990, | THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE |
|------------|---|
| PART VI, | MEMBER ONE VOTE BASIS |
| SECTION A, | |
| LINE 7A | |

Return Explanation

FORM 990, THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQU PART VI, IDATION OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGA SECTION A, NIZATION 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4 AMENDMENT TO THE BYLAWS

Return Explanation
Reference

| FORM 990, | THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY T |
|------------|---|
| PART VI, | HEREFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO" |
| SECTION A, | |
| LINE 8B | |

Return Explanation
Reference

FORM 990, MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING BEFORE FILING THE FORM 990

SECTION B,

LINE 11B

990 Schedule O, Supplemental Information

Return Explanation

Reference

| FORM 990, | THE BOARD OF TRUSTEES UTILIZE INTERNAL AND/OR EXTERNAL RESOURCES WHEN DETERMENING THE COMP |
|------------|--|
| PART VI, | ENSATION OF THE GENERAL MANAGER OTHER THAN THE GENERAL MANAGER, THE COOPERATIVE DID NOT H |
| SECTION B, | AVE ANY EMPLOYEES MEETING THE DEFINITION OF OFFICER OR KEY EMPLOYEE THEREFORE, AND PURSUA |
| LINE 15A | NT TO FORM 990 INSTRUCTIONS. LINE 15B HAS BEEN ANSWERED "NO" |

Return Explanation
Reference

FORM 990, THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS AND AUDITED FINANC PART VI, IAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ANNUALLY, THE COOPE SECTION C, RATIVE PROVIDES A COPY OF THE BALANCE SHEET AND STATEMENT OF OPERATIONS TO THE MEMBERS OF LINE 19

| Return Reference | Explanation |
|------------------------------------|---|
| 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 EMPLOYER CO NTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIRE MENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL ELIGIB LE EMPLOYEES THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION P LAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE PENSIO N PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH A N UNFUNDED WELFARE BENEFIT PLAN TO QUALIFYING INDIVIDUALS THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED |

Return Explanation
Reference

| FORM 990, | THE BOARD OF DIRECTORS CONSIDER THE GENERAL MANAGER TO BE BOTH THE TOP MANAGEMENT OFFICIAL |
|-----------|--|
| PART VII, | AND THE TOP FINANCIAL OFFICIAL THEREFORE, ONLY THE GENERAL MANAGER IS LISTED AS AN EMPLO |
| SECTION A | YEE OFFICER |

Return Explanation
Reference

| FORM 990, | PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSM |
|------------|--|
| PART VIII, | ISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOP |
| LINE 2B | ERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIO |
| | NS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZAT |
| | IONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO |
| | ITS MEMBERS |

| Return Reference | Explanation |
|----------------------|---|
| FORM 990, PART IX | THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RURAL UTIL ITIES SERVICE (RUS) UNIFORM SYSTEM OF ACCOUNTS (USOA) PRESCRIBED FOR RUS ELECTRIC BORROWER S THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES ON PART IX LINES 1-23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL T AXES THAT IS ALLOCATED IN ACCORDANCE WITH ITS ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT A RE DESCRIBED IN LINES 1-23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIR ED BY THE USOA |

Return

FORM 990, PART IX, LINES 5-7 LINES 5

Explanation

ES REPORTED ON FORM 1099-MISC (81,780) LESS EMPLOYEE OFFICER BENEFITS REPORTED ON LINE 5 (24,702) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 2,857 PLUS SALARIES AN D WAGES CAPITALIZED DIRECTLY TO PLANT 193,775 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSE D INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 25,081 TOTAL WAGES ACCRUED AND/OR PAID \$ 1.012.041

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART IX, LINE 24 | ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING ADMINISTRATIVE & GENERAL \$ 467,286 OFFICE SUPPLIES 27,811 OUTSIDE SERVICES 67,152 REGULATORY COMMISSION 35,439 DUE S AND MEMBERSHIPS 63,420 SAFETY COORDINATOR 8,299 EMPLOYEE TRAINING 40,915 DIRECTORS 122,7 12 RURAL DEVELOPMENT 10,021 CAPITAL CREDIT 1,743 ANNUAL MEETING 22,536 MAINTENANCE OF GENE RAL PLANT 61,412 TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS \$ 928,746 LESS RECLAS S OF DIRECTOR FEES TO PART IX, LINE 5 (81,780) LESS RECLASS OF LABOR TO PART IX, LINES 5 & 7 (278,545) LESS RECLASS OF BENEFITS TO PART IX, LINES 8-10 (149,412) TOTAL ADMIN & GEN FRAL EXPENSE PER FORM 990, PART IX \$ 419,009 |

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART IX, LINE 4 | PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBE RS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRAS E "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE C COPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRON S THE COOPERATIVE'S 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 BASIS AS SUBORDINAT ION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COS T BY ALLOCATIONS OF PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIO NS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRON AGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE W ITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 3 1 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON -PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED ON PART IX, LIN E 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 O PERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT P URPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER |

Return Explanation
Reference

| FORM 990, | ALL GRANTS, SPONSORSHIPS AND/OR DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS T |
|-----------|--|
| PART IX, | HAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA, AND ARE INTENDED TO IMPROVE THE COMMUNI |
| LINE 1 | TIES IN WHICH OUR MEMBERS RESIDE EACH GRANT, SPONSORSHIP AND/OR DONATION MADE DURING THE |
| | YEAR WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I. PART II |

Return Explanation

LINE 9

| Reference | |
|-----------|---|
| FORM 990, | PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 569,253 PATRONAGE CAPITAL RETIRED -322,189 |
| PART XI, | DONATED CAPITAL 53,334 OTHER COMPREHENSIVE INCOME - ADJUSTMENT FOR POST-RETIREMENT BENE |
| LINE 9 | FITS -41.658 |

Return Explanation
Reference

| FORM 990, | THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELEC |
|-----------|--|
| PART XII, | TING THE INDEPENDENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR |
| LINE 2C | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

SIERRA ELECTRIC COOPERATIVE INC

Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2018

DLN: 93493317052059

Open to Public Inspection

Employer identification number

| | | | | | | | 85-0 | 093694 | | | | |
|---|---------------------------------------|--------------------------------|----------|---|----------------------------------|----------------------------|-----------|--|------------------------------------|-------------------------------|----------|--|
| Part I Identification of Disregarded Entities Comple | ete if the organ | ization answe | red "Yes | on Form | 990, Part | IV, line | 33. | | | | | |
| (a) Name, address, and EIN (If applicable) of disregarded entity | | (b) Primary activity | | Legal dom or foreigr | c) Icile (state I country) | (d Total ır |) come | (e) End-of-year asse | | assets Direct co | | |
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| Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years. | ear. | | | | | | | | oecause | | | |
| (a) Name, address, and EIN of related organization | Prima | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Exempt Code section | | (e) Public charity status (if section 501(c)(3)) | | (f) Direct controlling entity | | g) n 512(b ontrolled tity? |
| (1)SIERRA ELECTRIC COOPERATIVE EDUCATION FOUNDATION PO BOX 290 ELEPHANT BUTTE, NM 87935 85-0352648 | PROVIDE COI SCHOLARSHI STUDENTS | LLEGE PS TO | | NM | 501(C)(3) | | PF | | SIERRA ELECTRIC COOPERATIVE INC | | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | _ |
| For Paperwork Reduction Act Notice, see the Instructions for Fo | orm 990. | | Ca | t No 5013 | 5Y | | | | Sch | edule R (Form | 1 990) 2 | 018 |

| (a) Name, address, and EIN of related organization | | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related unrelated, excluded fron tax under sections 512- 514) | total income | | | | (i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065) | partner? | | (k Percen owner |
|--|--|-----------------------------|---|--|--|--------------------------------|---------------------------------------|---------|-------------------------|---|--------------|-------|---------------------------------------|
| | | | | | 314) | | | Yes | No | | Yes | No | |
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| Identification of Related Organi because it had one or more related | zations Taxable as a (organizations treated as | Corporation s a corporation | or Trus | t Complete st during th | If the organ | ization ansv | wered "Yes | " on Fo | orm 9! | 90, Part IV | , lıne | 34 | |
| Identification of Related Organi because it had one or more related (a) Name, address, and EIN of related organization | zations Taxable as a (organizations treated as | L do (state | on or trus (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) | vered "Yes (f) Share of total income | Share | (g) of end- year assets | of- Perce | h) | Se (1 | (i) ection 5 .3) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or trus (c) egal micile | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 .3) cont |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or trus (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 .3) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or trus (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 .3) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or trus (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 .3) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or trus (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 .3) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or trus (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 .3) cont entity |

| Schedule R (Form 990) 2018 | | Р | age 3 |
|---|------|-------|--------------|
| Part V Transactions With Related Organizations Complete if the organization answered "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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1: | 3 | No |
| b Gift, grant, or capital contribution to related organization(s) | 11 | 5 | No |
| c Gift, grant, or capital contribution from related organization(s) | . 10 | С | No |
| d Loans or loan guarantees to or for related organization(s) | 10 | 1 | No |
| e Loans or loan guarantees by related organization(s) | 10 | e | No |
| f Dividends from related organization(s) | 1 | f | No |
| g Sale of assets to related organization(s) | 19 | 9 | No |
| h Purchase of assets from related organization(s) | 11 | 1 | No |
| i Exchange of assets with related organization(s) | 1 | i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 | j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 11 | k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1 | ı | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 11 | m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1 | n Yes | |
| o Sharing of paid employees with related organization(s) | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | 11 | , | No |
| q Reimbursement paid by related organization(s) for expenses | 10 | 7 | No |
| r Other transfer of cash or property to related organization(s) | 1: | r | No |
| s Other transfer of cash or property from related organization(s) | . 1: | 5 | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | 5 | | |
| (a) (b) (c) | (d) | | |

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

| (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- | section 501(c)(3) organizations? | | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | | (k) Percentage ownership |
|---|-------------------------|---|---|----------------------------------|----|------------------------------------|--|----------------------------------|----|--|-----------|------|--------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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