#### DLN: 93493275008430

2019

#### OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

A Fo	or th	e 2019 c	alendar year, or tax year begin	ning 01-01-2019 , and ending 12-	31-2019					
		pplicable:	C Name of organization SIERRA ELECTRIC COOPERATIVE IN	С		D Employ	er iden	tification number		
☐ Add		change				85-009	3694			
		-	Doing business as							
		n/terminated				E Telepho	ne numb	er		
		d return on pending	Number and street (or P.O. box if m PO BOX 290	ail is not delivered to street address) Room/s	suite		744-523			
<b>□</b> ∧p <sub>i</sub>	piicaci	on pending	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(373)	744-323	) <u> </u>		
			ELÉPHANT BÚTTE, NM 87935	,,		<b>G</b> Gross re	eceipts \$	9,718,189		
			F Name and address of principa	l officer:	H(a) Is	s this a group re	eturn fo	r		
			DENISE BARRERA PO BOX 290		SI	ubordinates?		□Yes <b>☑</b> No		
			ELEPHANT BUTTE, NM 87935			re all subordina ncluded?	tes	☐ Yes ☐No		
[ Tax	k-exer	mpt status:	☐ 501(c)(3) <b>☑</b> 501(c)(12)	(insert no.) $\Box$ 4947(a)(1) or $\Box$ 527		f "No," attach a	list. (se	ee instructions)		
J W	ebsit	e:► WW	W.SIERRAELECTRIC.ORG		H(c) G	iroup exemption	numb	er 🕨		
					I Year of t	formation: 1952	M Stat	te of legal domicile:		
<b>∢</b> Forn	n of o	rganization:	Corporation Trust Asso	ciation ☐ Other ►		1902	NM	es or regar dominance		
Pa	ırt I	Sum	mary							
			cribe the organization's mission o		cic					
Ce	-	IO PROVI	DE ELECTRIC POWER TO RURAL A	REAS AT COST ON A COOPERATIVE BA	515.					
lan	-									
Governance						250/ 611				
OS S				continued its operations or disposed of g body (Part VI, line 1a)			assets. 3	<b>;</b>		
	l		•	the governing body (Part VI, line 1b)			4	<b>J</b> 9		
Activities &	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a)			5	<b>5</b> 21		
M	6	Total nun	e	5 (						
AC	7a	7	a 13,001							
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 39			7	<b>b</b> 6,194		
						Prior Year		Current Year		
<u> 2i</u>	8	Contribut	ions and grants (Part VIII, line 1h)				0	(		
Ravenue	l	-	service revenue (Part VIII, line 2g)	9,486,	907	9,551,67				
ξ	l	Investme	378	140,38						
	l		renue (Part VIII, column (A), lines			·	187	24,637		
				st equal Part VIII, column (A), line 12)		9,664,		9,716,690		
	l		nd similar amounts paid (Part IX, c	, ,,			013	14,459 664,183		
۰,	l		efits paid to or for members (Part IX, column (A), line 4)							
Expenses	l		ries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,296,042							
p ed	l		aising expenses (Part IX, column (D),	, ,,						
Д	l		penses (Part IX, column (A), lines	· ·		7,792,	164	7,716,228		
	18	Total exp	enses. Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		9,664,	472	9,709,93		
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			0	6,75		
S &					Begin	ning of Current \	Year	End of Year		
alan	20	Total acc	ata (Bart V. lina 16)			22 776	404	24,982,44		
Net Assets or Fund Balances	l		ets (Part X, line 16) ilities (Part X, line 26)			23,776, 14,090,		14,623,94		
ž Š	l		s or fund balances. Subtract line 2			9,685,		10,358,500		
	rt II		ature Block			5,000,	0,0	20,000,00		
Jnder	pena	alties of p	erjury, I declare that I have exam	ined this return, including accompanyin						
knowi any ki			f, it is true, correct, and complete	. Declaration of preparer (other than of	ficer) is bas	ed on all inform	iation o	f which preparer has		
		- I k								
		****** Signati	re of officer			2020-09-28 Date				
Sign Here										
			E BARRERA GENERAL MANAGER r print name and title							
		<b>'</b>   P	rint/Type preparer's name	Preparer's signature	Date		PTIN			
Paic	ı				2020-09-25	Check <b>'</b> if self-employed	P004394	159		
Pre		er 「	irm's name ► BOLINGER SEGARS GI	LBERT AND MOSS LLP		Firm's EIN ► 75	-088203	7		
Use		<u> </u>	irm's address ▶ 8215 NASHVILLE AVEN	UE		Phone no. (806)	747-380	06		
			LUBBOCK, TX 79423			` ',				
May +	he ID	S discuss		vn above? (see instructions)		1	V	Yes 🗆 No		
· lay t	ie ik	J uiscuss	and recard with the preparer snow	ALL ADOAC: (SEC HISH ACTIONS)			. 🖛	1 1 C3 1 140		

orm	990 (2019)				Page <b>2</b>
Pa	rt III Statem	ent of Program Service Acc	complishments		
	Check if	Schedule O contains a response or	note to any line in this Part III		🗆
1		the organization's mission:			
СОМ	ROVIDE HIGH QU MITTED TO MAIN' MUNITY.	ALITY, RELIABLE ELECTRIC SERVI TAINING AN ENVIRONMENT WHER	CE AND RELATED PRODUCTS TO OUR E THE BOARD AND EMPLOYEES CAN	R MEMBERS AT COMPETITIVE PR PERFORM AT MAXIMUM POTENT	RICES. WE ARE FIAL TO BENEFIT OUR
2	Did the organiza	ation undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
		e these new services on Schedule			
3	Did the organiza	ation cease conducting, or make si	gnificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describ	e these changes on Schedule O.			
4	Section 501(c)(		nplishments for each of its three large required to report the amount of gra service reported.		
4a	(Code: See Additional Dat	) (Expenses \$ ca	including grants of \$	) (Revenue \$	)
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedule O.) including	grants of \$	(Revenue \$	)
40	Total program	service expenses			-

15

17

18

19

13

14a

14b

15

16

17

18

19

20a

20b

21

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

Form	990 (2019)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	ĺ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		No

b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**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 . . . . . .

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Par	Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
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-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes			
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No		
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36				
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes			
Pai	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	. ;		旦		
_			Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29			1		
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			1		

**1**c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	21				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	-	Yes			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:			No		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	AR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?	ation 6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	as <b>7g</b>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form <b>7h</b>				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
a		361,936				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	180,011				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? <b>12a</b>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			NI-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or a section 4960 tax.	14b				
	parachute payment(s) during the year?	. 15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					

Pa	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	•	onse to	lines 🗹
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  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?	<b>7</b> b	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?	<b>8</b> b		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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
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?			
	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).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	161		
50	ection C. Disclosure	16b		
<u> 5е</u> 17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-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 BARRERA GENERAL MANAGER 610 HWY 195 ELEPHANT BUTTE, NM 87935 (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 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any volund		ne bo	ox, ι n of or/t	t ch unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) DENISE BARRERA GENERAL MANAGER	60.00			х				119,836	0	26,970
(2) GEORGE BIEL TREASURER	2.30	х		х				10,688	0	0
(3) JOHN BOKICH PRESIDENT	3.10	х		х				10,431	0	0
(4) CHARLES MCMATH SECRETARY	3.10	Х		x				9,563	0	0
(5) TAMI GARRETT TRUSTEE	1.60	Х						8,951	0	0
(6) DENNIS FRANKLIN TRUSTEE	3.20	х						8,895	0	0
(7) DARRY SULLIVAN VICE PRESIDENT	5.30	х		х				8,836	0	0
(8) THOMAS STROUP TRUSTEE	1.60	х						8,541	0	0
(9) JUDY SMITH TRUSTEE	1.80	х						8,305	0	0
(10) OSCAR LEE WOOD TRUSTEE	2.50	х						8,213	0	0
										Form 900 (2010)
										Form <b>990</b> (2019)

Part VII

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

Page 8

, a	becalon Ar officers, birec	,ascco.	,	P	-,-	,		9		p cbacc		(00//0/			
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t cho Inles ficer	eck moss pers and a ee)	son	Repo compe fror orgar	(D) (E) portable Reportable pensation compensation om the from related anization organization		,	compensation from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- (SC)	(W-2/1099- MISC)		organizat relat organiz	ed	
c T	Sub-Total	art VII, Section	Α.				<b>*</b>			202,259		0		26,970	
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rec			00,000	-			
													Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k			oyee,		-	npensated	employee on				
4	For any individual listed on line 1a, is organization and related organization	the sum of rep	ortable (								n the	3		No	
	individual			•	٠	•	•					4		No	
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									5		No				
Se	ection B. Independent Contract	ors												<u> </u>	
1	Complete this table for your five higher from the organization. Report comper											npens	sation		
(A) (B) Name and business address Description of services										(C Compe					
													-		

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 9		` ,								Page <b>9</b>
Part	VIII									
		Check if Sched	dule (	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aians	1	1a			revenue		512 - 514
nts nts		<b>b</b> Membership dues	_	· · L	1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising even		· L	1c					
S, G Arr		d Related organiza		Ŀ	1d					
Sife lar		• Government grants								
s, ( imi		_		Ļ	1e					
ion	1	All other contribution and similar amounts	ons, gii s not i	ncluded	1f					
but the	١,	above Noncash contributio	ons inc	L luded in						
n de la company	-	lines 1a - 1f:\$			<b>1</b> g					
Contand	ŀ	<b>h Total.</b> Add lines :	1a-1f			•				
						Business Code				
	2a	SALES OF ELECTRICI	ΙΤΥ			221000	9,300,211	9,300,211		
ne						221000	242.452	242.452		
Ven	b	PATRONAGE DIVIDEN	NDS			221000	243,452	243,452		
Program Service Revenue	c	SERVICE FEES				224000	8,011	8,011		
vice	Ĭ					221000				
Ser	d									
an	-									
ogr	е									
δ	,	A.I I.								
		All other program								
		Total. Add lines 2 Investment income				9,551,674	1	1	<u> </u>	
		investment income imilar amounts) .			nas, i	nterest, and other	140,38	4		140,384
	<b>4</b> I	Income from invest	tment	of tax-exer	npt b	ond proceeds	•			
	<b>5</b> F	Royalties				•	•			
				(i) Rea	1	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental								
		expenses	6b				4			
		Rental income or (loss)	6c							
	d	Net rental income	or (	loss)			_			
				(i) Securi	ties	(ii) Other				_
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	h	Less: cost or					7			
	_	other basis and sales expenses	7b							
		Gain or (loss)	7c				_			
		Net gain or (loss) Gross income from fu			_	· · · <b>&gt;</b>				
n e		(not including \$		of						
<u>ē</u>		contributions reported See Part IV, line 18								
Re		Less: direct expen			8a 8b		-			
ē		: Net income or (los				ents 🔈				
Other Revenue		5. (.65	,			· •	7			
		Gross income from See Part IV, line 19								
					9a		4			
		Less: direct expen Net income or (los			9b	inc				
	٠	. Net income or (los	55) 110	oni ganning a	CCIVIC	les •				
	10a	Gross sales of inve	entor	y, less						
		returns and allowa			10a					
		Less: cost of good			10b		-39	2 -392		
	С	Net income or (los			invent		-39.	-392		
	11:	Miscellaneo  aINTERNET MARKE				Business Code 51700	0 13,00	1	13,001	
		INTERNET MAKKE	- 1 11/10	,		31,00			13,331	
	h	POLE ATTACHMEN		COME		22100	0 12,02	3		12,023
		POLE ATTACHMEN	NI IN	COME		22100	12,32			12,023
	_						1			
	С									
		All other					1			
		All other revenue Total. Add lines 1				•				
					•		25,02	4		
	12	Total revenue. S	ee in	structions .	•		9,716,69	0 9,551,282	13,001	152,407
										Form <b>990</b> (2019)

	010100000000000000000000000000000000000				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organizati	ons must complete col	umn (A)
	Check if Schedule O contains a response or note to an		_	ons must complete cor	<b></b>
	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) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,455	·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	664,182			
5	Compensation of current officers, directors, trustees, and key employees	229,229			
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	732,386			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,828			
9	Other employee benefits	219,306			
10	Payroll taxes	67,321			
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	581,377			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	778,037			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PURCHASED POWER	5,480,364			
	b ADMIN & GENERAL EXPENSE	406,260			
	c DISTRIBUTION EXPENSE	322,962			
	d UNRELATED BUS. INC. TAX	1,875			
	e All other expenses	145,353			
25	Total functional expenses. Add lines 1 through 24e	9,709,935			
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 <b>990</b> (2019)

Form 990 (2019)

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23

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25

26

27

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

Page **11** 

16,626,191

692,203

4,196,098

213,407

24,982,442

1,192,592

12,602,669

828.681

14.623.942

0

0

10.358.500

10,358,500

24,982,442

Form 990 (2019)

# Check if Schedule O contains a response or note to any line in this Part IX .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. 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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

		Beginning of year		End of year
1	Cash-non-interest-bearing	267,707	1	416,946
2	Savings and temporary cash investments	1,575,000	2	1,375,000
_	81.1		_	

Pledges and grants receivable, net . 720.495 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

10b

723.003 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 173.485 187,740 Inventories for sale or use . . Prepaid expenses and deferred charges . 616,365 9 551,854 10a Land, buildings, and equipment: cost or other 10a 25,285,432 basis. Complete Part VI of Schedule D

8,659,241

15,821,975

612,148

3,974,062

15,257

646,728

23,776,494

12,627,595

816,501

14.090.824

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

30

31

32

33

0 29

0

9.685.670

9,685,670

23,776,494

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID: Software Version:

SALE OF ELECTRIC POWER TO MEMBERS AT COST ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL. THERE WERE 4,263 ACTIVE SERVICES

**EIN:** 85-0093694

Name: SIERRA ELECTRIC COOPERATIVE INC

Form 990, Part III, Line 4a:

AT YEAR END.

Form 990 (2019)

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493275008430

OMB No. 1545-0047

### **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.

Open to Public Inspection

Schedule D (Form 990) 2019

Cat. No. 52283D

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization RRA ELECTRIC COOPERATIVE INC			Employer identification number
31L	RNA ELECTRIC COOPERATIVE INC			85-0093694
Pa	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fu	ınds or	Accounts.
	Complete if the organization answered "Ye			
		(a) Donor advised funds		(b) Funds and other accounts
•	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
i	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other pu	irpose coi	e used only for nferring impermissible Yes  No
Pa	rt II Conservation Easements.	s" on Form 000 Part IV line 7		
	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ	·		
•				
	☐ Preservation of land for public use (e.g., recreation	or education) $\square$ Preservatio	n of an h	istorically important land area
	Protection of natural habitat	☐ Preservatio	n of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in	the form	of a conservation  Held at the End of the Year
а	Total number of conservation easements		:	2a
b	Total acreage restricted by conservation easements		🗔	2b
С	Number of conservation easements on a certified histori	structure included in (a)		2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 7/25/06, and not on a histo	oric 2	2d
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or termina	ited by th	e organization during the
ļ	Number of states where property subject to conservation	n easement is located <b>&gt;</b>		
;	Does the organization have a written policy regarding the		ındling of	violations,
	and enforcement of the conservation easements it holds  Staff and volunteer hours devoted to monitoring, inspec			☐ Yes ☐ No
•	Transfer in the state of t	ung, nanunng or violations, and emol	rcing con	servation easements during the year
,	Amount of expenses incurred in monitoring, inspecting,   \$ \\$	handling of violations, and enforcing	conserva	tion easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the			e statement, and
	the organization's accounting for conservation easemen	ts.		
ar	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye		or Othe	r Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or resea	rch in fur	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:			
(	(i) Revenue included on Form 990, Part VIII, line $1\ .\ .\ .$			<b>&gt;</b> \$
(	ii)Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar assets t	for financ	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			<b>&gt;</b> \$

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

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Histori	cal T	reasui	res, o	Other	Similar As	sets (cont	inued)	
3		ng the organization's acq ms (check all that apply):		n, and other re	ecords, check	any of	the foll	lowing t	hat are a	significant u	ise of its col	lection	
а		Public exhibition			d		Loan o	or excha	ange prog	ırams			
b		Scholarly research			е		Other						
С		Preservation for future	e generations										
4		ovide a description of the taxiii.	organization's col	lections and e	xplain how the	ey furtl	ner the	organiz	ation's e	xempt purpo	se in		
5		ring the year, did the orga sets to be sold to raise fur									☐ Yes	□ N•	<b>o</b>
Pa	rt I\	Escrow and Cust Complete if the ord X, line 21.			on Form 990	, Part	IV, lin	ne 9, oi	r reporte	ed an amou	nt on Forr	n 990, I	Part
1a		the organization an agent luded on Form 990, Part X									☐ Yes	□ <b>N</b>	<b>o</b>
b	If "	'Yes," explain the arrange	ement in Part XIII	and complete	the following	table:				A	mount		_
С		ginning balance		•	=				1c				_
d		ditions during the year .							1d				_
е		tributions during the year							1e				-
f		ding balance							1f				-
2-		-						'		. Luttur. o			-
2a		I the organization include										L N∈	•
b		Yes," explain the arrange		. Check here i	f the explanat	ion has	been p	provide	d in Part :	XIII			
- 6	irt V	Endowment Fund Complete if the org		vered "Yes" (	on Form 990	Part	TV lin	ne 10					
		complete il tile or,	garnzation anot	(a) Current		rior yea			ears back	(d) Three yea	ars back (e)	Four year	s back
<b>1</b> a	Begi	nning of year balance .											
b	Cont	ributions											
С	Net i	investment earnings, gair	ns, and losses										
d	Gran	nts or scholarships											
е		er expenditures for facilitie programs	es										
f	Adm	inistrative expenses .											
g	End	of year balance											
2 a		ovide the estimated perce ard designated or quasi-e	ndowment 🏲	,	alance (line 1	g, colu	mn (a))	) held a	s:	•	<b>'</b>		
h		rmanent endowment <b>&gt;</b>											
		mporarily restricted endov											
С		e percentages on lines 2a	***************************************		<u>'</u>								
За	Are	there endowment funds panization by:				t are h	eld and	d admini	istered fo	r the		Yes	No
	(i)	unrelated organizations									3a(i)		
	(ii)	) related organizations .									3a(ii)		
b		Yes" on 3a(ii), are the rel	<del>-</del>		•		? .				3b		
4	Des	scribe in Part XIII the inte	ended uses of the	organization's	s endowment i	funds.							
Pa	rt V	, ,			- Fa 202	D- 1	T) ( 11		C	000 5		0	
	Des	Complete if the ordeription of property	ganization ansv (a) Cost or oth (investme	ner basis (	b) Cost or other					rm 990, Pai		O. Book value	)
1~	Land	4				-	29,241						29,241
	Land									238,970			
		dings				0.3	30,697			230,970			391,727
с	Leas	ehold improvements				22.70	21 570			9 420 271			201 200

923,924

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

923,924

16,626,191

Part VII Investments—Other Securities.	D= -+ TV   !:-	11h C F 000	Part V. line 12
Complete if the organization answered "Yes" on Form 990, I  (a) Description of security or category	(b)		, Part X, line 12. hod of valuation:
(including name of security)	Book value	. ,	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E) 			
(F)			
(G)			
(H) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990, I	Part IV. lir	ne 11c. See Form 990	). Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)CAPITAL TERM CERTIFICATES - CFC		136,160	<u>C</u>
(2)PATRONAGE CAPITAL - CFC (3)PATRONAGE CAPITAL - TSG&T		130,380 3,792,816	C 
(4)OTHER INVESTMENTS IN ASSOCIATED ORGANIZATIONS		104,724	C
(5)PATRONAGE CAPITAL - NISC		32,018	С
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•	4,196,098	
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form 990, I	1
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P	art IV lin	e 11e or 11f See For	m 990 Part V line 25
1. (a) Description of liability		2 222 3. 111.000 1011	(b) Book value
(1) Federal income taxes (6)			-
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			<b>▶</b> 828,681
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot			tements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of the footnote has	been provided in Part XIII 🗹

Schedule D (Form 990) 2019

Part XI

2

b

5

1 2

d

3

Part XII

Page 4

e	Add lines <b>2a</b> through <b>2d</b>	_		_
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4	1a	

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses and losses per audited financial statements . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . .

Add lines 2a through 2d .

Other (Describe in Part XIII.) . . . . . .

Subtract line 2e from line 1 . . . . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c 2d

2a

2b

2a

2b 2c 2d 2e 3 9,711,533 57

nent expenses not included on Form 990, Part VIII, line 7b .	4a						
Describe in Part XIII.)	4b					5,157	
es <b>4a</b> and <b>4b</b>							4c
venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)							5
Reconciliation of Expenses per Audited Financial Statem	ents	With	ı Ex	per	ises	per R	eturi
Complete if the organization answered 'Yes' on Form 990, Part	:IV, I	ne 1	2a.				

7		
	4c	5,15
	5	9,716,69
F	leturi	n.
	1	9,040,59

Schedule D (Form 990) 2019

9,040,596

2e

3

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 4b 669.339 b Add lines **4a** and **4b** . . . . . . . . . . . . 4c 669,339 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 9.709.935 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID: Software Version:

**EIN:** 85-0093694

Name: SIERRA ELECTRIC COOPERATIVE INC

**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 LI KELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES.

upplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS:	EXPENSES RECLASSED FROM NON-OPERATING INCOME TO PART IX 5,157.					

upplemental Information								
Return Reference	Explanation							
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 664,182. EXPENSES RECLASSED FROM NON-OPERATING INCOME TO PART IX 5,157.							

Supplemental Information	
Return Reference	Explanation
PART IX:	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.

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B:	FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE. THER EFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED. HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS SONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE EMEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS". PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS.

(Form 990 or 990- EZ) Complete to pro Form 990 o			As Filed Data -		DLN:	93493275008430
			vide information to Form 990 or 990-EZ vide information for responses to specific questions on provide any additional information.  Attach to Form 990 or 990-EZ.  www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047  2019  Open to Public Inspection
Namel Betherofg SIERRA ELECTRIC 990 Schedul	COOPERAT	IVE INC  pplemental Information	1		<b>Employer ident</b> 85-0093694	fication number
Return Reference				Explanation		
FORM 990, PART I:	ET BOOM HE CUR STATEM AN ACC HE LAS ARNED VE EST REVENI N THE N ABLE BI ALLOCA REVENI ACCRU FOLLOW BILLED EASE IN	OK INCOME/(LOSS), PAGE 1 RRENT YEAR, PAGE 1, PAR MENT EFFECT OF ACCRUE CRUAL FOR UNBILLED REV T DAY OF THE MONTH. TH BUT WILL NOT BILL UNTIL IMATES THIS REVENUE AN UE WITH THE YEAR EARNI YEAR IT IS BILLED RATHER ATE THE MARGINS. DUE TO UE, PAGE 1, PART I, LINE 1 ED UNBILLED REVENUE O WING SCHEDULE IS PROVI REVENUE 12/31/19 \$ 213,4 I UNBILLED REVENUE \$ 6,	SES THE PATRONAGE DIVID REVENUE LESS EXPENSES - TS NET INCOME OF \$6,755, WILL THE GAAP BASIS FINAN IE COOPERATIVE'S BILLING OF THE FOLLOWING ACCRUED UNBILLED REVEN COOPERATIVE ALLOCATES RUED. THIS TIMING DIFFEREN INCOME EQUAL TO ALLOCATED WITH THE RTS NET INCOME EQUAL TO ALLOCATED WITH THE EXPLAIN THE IMPACT OF THIS TEMPACT OF THIS TEMPACT OF THIS TEMPACT OF THIS TEMPACT OF THIS PET FINANCIAL STATEMENTS PER FINANCIAL STATEMENTS	WILL BE \$0. FOR I/HICH IS THE INC CIAL STATEMENT CYCLE DOES NOT EACH YEAR THAT I YEAR. THE COOUT IN ORDER TO THE REVENUE TO COATES ACCRUITHE NET INCREAN UNBILLED REVIS TRANSACTION (A) - NET INCREARONAGE DIVIDEN	T OME IS INCLUDE I END ON T IT HAS E PERATI MATCH THE O MEMBERS I EQUIT OS USED TO ED UNBILLED ASE IN ENUE. THE : ADD: UN	

990 Schedule O, Supplemental Information

Return

LINE 6

Reference	
FORM 990,	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE
PART VI,	BASIS.
SECTION A.	

Explanation

**Explanation** Return Reference

FORM 990. THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF TRUSTEES. ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS.

PART VI. SECTION A. LINE 7A

Return Explanation
Reference

FORM 990, 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 DI
PART VI,	SCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING BEFORE FILING THE FORM 990.
SECTION B,	
LINE 11B	

Return Explanation
Reference

FORM 990,	THE BOARD OF TRUSTEES PERFORM AN ANNUAL REVIEW AND UTILIZE INTERNAL RESOURCES WHEN DETERME
PART VI,	NING THE COMPENSATION OF THE GENERAL MANAGER. OTHER THAN THE GENERAL MANAGER, THE COOPERAT
SECTION B,	VE DID NOT HAVE ANY EMPLOYEES MEETING THE DEFINITION OF OFFICER OR KEY EMPLOYEE. THEREFOR
LINE 15A	E. AND PURSUANT 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

THE COOPERATIVE WITH THE ANNUAL REPORT.

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

Ittererene	
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
000000000	

SECTION A: I YEE OFFICER.

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990, PART VIII,	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSM ISSION COOPERATIVE. PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOP
LINE 2B:	RATIVE 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
	ONS 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.

# 990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990. SALARIES AND WAGES ARE ALLOCATED TO ASSET. LIABILITY. AND EXPENSE ACCOUNTS BASED ON THE AC PART IX. COUNTING SYSTEM DESCRIBED ABOVE. THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LIN LINES 5-7: ES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID: TOTAL PER LINES 5-7 \$ 961.615 LESS: TRUSTEE FEE S REPORTED ON FORMS 1099-MISC (82.423) LESS: EMPLOYEE OFFICER BENEFITS REPORTED ON LINE 5 (26,970) PLUS: SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 2,676 PLUS: SALARIES AN D WAGES CAPITALIZED DIRECTLY TO PLANT 243.976 PLUS: SALARIES AND WAGES CAPITALIZED/EXPENSE D INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 24,244 TOTAL WAGES ACCRUED AND/OR PAID \$ 1.123.118

Return Reference	Explanation
FORM 990, PART IX, LINE 24:	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING: ADMINISTRATIVE & GENERAL \$ 461,220 OFFICE SUPPLIES 24,417 OUTSIDE SERVICES 55,902 REGULATORY COMMISSION 35,761 DUE S AND MEMBERSHIPS 64,257 SAFETY COORDINATOR 16,057 EMPLOYEE TRAINING 60,305 DIRECTORS 129, 505 RURAL DEVELOPMENT 11,199 CAPITAL CREDIT 1,296 ANNUAL MEETING 28,321 MAINTENANCE OF GEN ERAL PLANT 58,613 TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS \$ 946,853 LESS: RECLA SS OF DONATION TO PART IX, LINE 1 (5,025) LESS: RECLASS OF TRUSTEE FEES TO PART IX, LINE 5 (82,423) LESS: RECLASS OF LABOR TO PART IX, LINES 5 & 7 (313,293) LESS: RECLASS OF BENEFI TS TO PART IX, LINES 8-10 (139,852) TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX \$ 406,260

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 COOPERATIVE 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 COST BY ALLOCATION TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAP ITAL) TO ITS PATRONS. PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE 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 ON PART IX, LIN E 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED ON PART IVE FOR THE 2019 CALENDAR YEAR. BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH 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. PA TRONAGE 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
PART IX,	THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA, AND ARE INTENDED TO IMPROVE THE COMMUN
LINE 1:	ITIES IN WHICH OUR MEMBERS RESIDE. EACH GRANT, SPONSORSHIP, AND/OR DONATION MADE DURING TH
	E YEAR WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I, PART II.

990 Schedule O, Supplemental Information Return Explanation

Reterence	
FORM 990,	PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 664,182. PATRONAGE CAPITAL RETIRED -283,455
PART XI.	L. DONATED CAPITAL 48 555, OTHER COMPREHENSIVE INCOME - ADJUSTMENT FOR POST-RETIREMENT BENE

LINE 9: FITS -26,160.

Return Explanation

Reterence	
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:

# Return Explanation

990 Schedule O, Supplemental Information

PORM 990, PART XI, LINE 8:

DURING 2019, THE COOPERATIVE IMPLEMENTED A NEW REVENUE RECOGNITION STANDARD, ASU 2014-09 R EVENUE FROM CONTRACTS WITH CUSTOMERS, TO ACCRUE REVENUE EARNED, BUT NOT YET BILLED AT THE END OF EACH PERIOD. THE COOPERATIVE BELIEVES THAT THE NEW REVENUE RECOGNITION METHOD MORE ACCURATELY REFLECTS PERIODIC RESULTS OF OPERATIONS AND ITS ACCRUED REVENUE POSITION AT YEAR END.

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

Department of the Treasury

Internal Revenue Service

# **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

2019

DLN: 93493275008430

**Open to Public** Inspection

**Employer identification number** 

Name of the organization SIERRA ELECTRIC COOPERATIVE INC							Empl	loyer ident	tificatio	n number		
Part I Identification of Disregarded Entities. Complete	if the organ	nization answ	ared "Ve	a" on Form	000 Part	· IV/ line 3		093694				
ruentification of Disregarded Entities. Complete	ii tile orgal		ereu re:		1 990, Part	. IV, lille 3	J.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	(b) Primary activity		(c) Legal domicile (state or foreign country)		come End-of-yea		assets	Direct co	f) ontrolling tity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		ete if the orga	anization	answered	"Yes" on	Form 990,	Part I	V, line 34	because	e it had one or	more	
(a) Name, address, and EIN of related organization		<b>(b)</b> ry activity	Legal dor	(c) nicile (state In country)	(d) Exempt Cod	e section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g Section (13) cor enti	512( ntroll
(1)SIERRA ELECTRIC COOPERATIVE EDUCATION FOUNDATION PO BOX 290  ELEPHANT BUTTE, NM 87935 85-0352648	PROVIDE COLLEGE SCHOLARSHIPS TO STUDENTS		NM		M 501(C)(3)		PF		SIERRA ELECTRIC COOPERATIVE INC		Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	it. No. 5013	55Y				Sch	edule R (Form	990) 20	19

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor Pe	<b>(k)</b> ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	or Trus n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	<b>/</b> E	- 000)	2010

Schedule R (Form 990) 2019		Pa	ge <b>3</b>
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	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	. 1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	,	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	$\vdash$	No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	_	No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	. <b>1</b> s		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.			
(a) (b) (c)	(d)		

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	minant Are all partners Share of Share		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		<b>(k)</b> Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

Schedule R (Form 990) 2019											
Part VII	Supplemental Info	Supplemental Information									
	Provide additional information for responses to questions on Schedule R. (see instructions).										
Return Reference		Explanation									