efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493297004438 OMB No 1545-0047

foundations)

Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization BANDERA ELECTRIC COOPERATIVE INC D Employer identification number ☐ Address change 74-0498072 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) PO BOX 667 E Telephone number ☐ Amended return ☐ Application pending (866) 226-3372 City or town, state or province, country, and ZIP or foreign postal code BANDERA, TX 78003 G Gross receipts \$ 68,254,097 F Name and address of principal officer **H(a)** Is this a group return for WILLIAM HETHERINGTON ☐Yes ☑No subordinates? PO BOX 667 H(b) Are all subordinates BANDERA, TX 78003 ☐Yes ☐No included? Tax-exempt status 501(c)(3) **У** 501(c) (12) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BANDERAELECTRIC COM L Year of formation 1938 M State of legal domicile TX Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 135 Total number of volunteers (estimate if necessary) . . . 6 0 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 58,724,975 67,182,290 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 47,150 35,521 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,261,307 947,581 60,033,432 68,165,392 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 96,301 80,259 4,433,039 7,656,978 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 6,170,364 9,120,226 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 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) . . . 46,367,973 54,766,756 60,017,539 68,674,357 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 15,893 -508,965 Assets or d Balances **Beginning of Current Year End of Year** 160,473,905 171,792,444 20 Total assets (Part X, line 16) . 103,441,357 21 Total liabilities (Part X, line 26) . 97,104,610 68,351,087 63,369,295 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2018-10-17 Signature of officer Sign Here KURT SOLIS SECRETARY/TREASURER Type or print name and title Print/Type preparer's name WILLIAM M MILLER Preparer's signature WILLIAM M MILLER Date PTIN Check 🗹 ıf 2018-10-17 P00439459 Paid self-employed

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶ 8215 NASHVILLE AVENUE

Preparer

Use Only

Firm's name

BOLINGER SEGARS GILBERT AND MOSS LLP

LUBBOCK, TX 79423

✓ Yes 🗆 No

Firm's EIN > 75-0882037

Phone no (806) 747-3806

TO ENHANC MEMBERS, 2 Did t the p If "Ye 3 Did t servi If "Ye	Check if Schedule y describe the organ E THE QUALITY OF AT THE LOWEST POS the organization under prior Form 990 or 990 es," describe these n the organization ceas ces? es," describe these ci	ertake any significant properties on Schedule e conducting, or make se conducting, or make se conducting, or make se conducting or m	or note to any line in this Part III GHLY RELIABLE ELECTRIC AND OTHE rogram services during the year which e O significant changes in how it conduct complishments for each of its three lainer required to report the amount of green	Ch were not listed on ts, any program rgest program services, as meas	Yes No
TO ENHANC MEMBERS, 2 Did t the p If "Ye 3 Did t servi If "Ye	y describe the organized the Organization under the organization under the organization ceases?	ertake any significant properties on Schedule e conducting, or make se conducting, or make se conducting, or make se conducting or m	ogram services during the year which is a conduct to the conduct t	Ch were not listed on ts, any program rgest program services, as meas	Yes No
TO ENHANC MEMBERS, 2 Did t the p If "Ye 3 Did t servi If "Ye	the organization under organization under organization under organization ceases?	ertake any significant properties on Schedule e conducting, or make such anges on Schedule O's program service account (c)(4) organizations are fany, for each program	ogram services during the year which is a conduct to the conduct t	ch were not listed on ts, any program rgest program services, as meas	✓ Yes
2 Did t the p If "Ye 3 Did t servi	the organization under incompanization under incompanization ceases," describe these notes in the organization ceases," describe these circle the organization on 501(c)(3) and 50	ertake any significant pr D-EZ?	ogram services during the year which is a conduct to the conduct t	ch were not listed on ts, any program rgest program services, as meas	✓ Yes
the p If "Ye 3 Did t servi If "Ye	rior Form 990 or	ew services on Schedule e conducting, or make s hanges on Schedule O's program service acco 1(c)(4) organizations ar f any, for each program	e O significant changes in how it conduct mplishments for each of its three la	ts, any program	☐ Yes ☑ No
the p If "Ye 3 Did t servi If "Ye	rior Form 990 or	ew services on Schedule e conducting, or make s hanges on Schedule O's program service acco 1(c)(4) organizations ar f any, for each program	e O significant changes in how it conduct mplishments for each of its three la	ts, any program	☐ Yes ☑ No
3 Did t servi If "Ye	he organization ceas ces? es," describe these ci ribe the organization on 501(c)(3) and 50	e conducting, or make s hanges on Schedule O 's program service acco 1(c)(4) organizations ar f any, for each program	significant changes in how it conduct property of the conduct of	rgest program services, as meas	ured by expenses
servi If "Ye	ces?	hanges on Schedule O 's program service acco 1(c)(4) organizations ar f any, for each program	emplishments for each of its three lair	rgest program services, as meas	ured by expenses
If "Ye	es," describe these cl ribe the organization on 501(c)(3) and 50	hanges on Schedule O 's program service acco 1(c)(4) organizations ar f any, for each program	emplishments for each of its three la re required to report the amount of o	rgest program services, as meas	ured by expenses
	ribe the organization on 501(c)(3) and 50	's program service acco 1(c)(4) organizations ar f any, for each program	re required to report the amount of g	rgest program services, as meas grants and allocations to others,	ured by expenses the total
4 Desc	on 501(c)(3) and 50	1(c)(4) organizations ar f any, for each program	re required to report the amount of g	rgest program services, as meas grants and allocations to others,	ured by expenses the total
Secti					
4a (Code) (Expenses \$	including grants of \$) (Revenue \$)
See A	dditional Data			,,	,
4h (Code	,) (Expenses \$	including grants of \$) (Revenue \$)
	dditional Data) (Expenses \$	including grants of \$) (Nevenue \$,
4c (Code	1) (Expenses \$	including grants of \$) (Revenue \$)
4d Othe	r program services (Describe in Schedule O)		
(Exp	enses \$	ıncludıng	grants of \$) (Revenue \$)
4e Tota	l program service	expenses ▶			

or X as applicable

Checklist of Required Schedules

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

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

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,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4

Page 3

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

No

No

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)					
Par	t IV Checklist of Required Schedules (continued)				
			Yes	No	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1	23	Yes		

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

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 24a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

26

27

29

31

33

34

36

37

instructions for applicable filing thresholds, conditions, and exceptions)

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 3
Fell	Check if Schedule O contains a response or note to any line in this Part V	_		П
	Check in periodule of contains a response of floce to any line in this fact v. F. F. F. F. F. F.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 47			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	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
c	5c			
6-	Deep the every reation have applied gross veceints that are neverally greater than \$100,000, and did the every reation	6a		No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Оа		110
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
а	Form 8282?	7c		
u	The less, indicate the number of rorms ozoz med 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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
Δ-		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 99	0 (2017)

01111	330 (2017)			rage
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	'No" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			~
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	9		
	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	8		
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?	r 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? •	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo	re		
	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 the following	ру		
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	e 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independen 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	Yes	
	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 exemption of the content			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply	y)		
	☐ 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 LYNN MIDGETTE CFOCOO PO BOX 667 BANDERA, TX 78003 (866) 226-3372			<u> </u>
		F	orm 99	0.(2017)

Part VII

Form **990** (2017

✓

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
- 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 heither the organization no	r any related ol	rganızat	ion c	omp	ens	ated a	ny c	turrent officer, aire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne bo	ox, ι n of	t ch unle ficei	r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	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)	related related organizations	
(1) MICHAEL EDWARDS CHAIRMAN	4 60	Х		x				15,450	0	0	
(2) DOUGLAS SANDIDGE VICE CHAIRMAN	3 80	х		х				11,500	0	0	
(3) KURT SOLIS SECRETARY/TREASURER	5 90	Х		х				15,750	0	0	
(4) JERRY WORD SR DIRECTOR	4 20	Х						11,500	0	0	
(5) ZEDA ALVERADO DIRECTOR	7 40	Х						14,500	0	0	
(6) JEREMY DILLER DIRECTOR	7 30	Х						16,250	0	0	
(7) RICHARD EARNEST DIRECTOR	5 70	Х						15,750	0	0	
(8) FRANCES LAUE DIRECTOR	7 80	Х						16,000	0	0	
(9) JERRY PIERCE DIRECTOR	11 30	X						17,000	0	0	
(10) WILLIAM HETHERINGTON CEO/GENERAL MANAGER	50 00			x				260,614	0	90,329	
(11) LYNN MIDGETTE CFO/COO	60 00			х				181,000	0	0	
(12) RODRIGO SIFUENTES MANAGER OF ENGINEERING	50 00					×		127,856	0	36,076	
(13) JOHN RUSH MANAGER OF OPERATIONS	50 00					×		121,901	0	49,317	
(14) SHAWNA FRERICH CONTROLLER	48 00					×		106,129	0	33,691	
(15) RICHARD MCDONALD IT MANAGER (JAN - MAY)	40 00					×		105,915	0	14,618	
(16) JAMES WARD MANAGER OF DISTRIBUTION DESIGN	40 00					×		104,188	0	31,075	

N-COM INC

6129 79TH ST LUBBOCK, TX 79424

compensation from the organization \blacktriangleright 15

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

(A) (B) (C) (D) (F) (F)

Page 8

علنكنا	Section A. Officers, Direc	tors, Trustees	s, key	Emb	loye	<u>es,</u>	<u>, and '</u>	nigi	nest comp	Jensa	teu Emp	loyees	COM	unueu)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	oox, u an of	ot che unles fficer	neck mo ess pers er and a stee)	son	Reporta compens from t organizati	Reportable compensation from the organization (W-			n I W-	(F) Estima amount o compens from t	ated of other sation the
		for related organizations below dotted line)		Institutional	Officer	key employee	Highest of employee	Former	2/1099-N	MISC)	2/10)99-MISC))	organizati relate organiza	ted
l			trustee 'r	nal Trustee		o,ee	Highest compensated employee								
			<u> </u>	#	\perp	<u> </u>		<u> </u>					 		
			<u> </u>	+_	<u></u>	<u> </u>	 _	<u> </u>					$\frac{1}{2}$		
				\perp	_	\vdash	-	\vdash					7		
				\pm	上		<u> </u>	上					$\frac{1}{2}$		
			-	+	\vdash	-	-	\vdash					+		
				+	+	\dagger	†	+					\top		
c T	Sub-Total	Part VII, Sectio			· ·		*	<u></u>	1,14	1,303			0		255,106
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos			ıbov	e) who	rec	· · · · · · · · · · · · · · · · · · ·		\$100,000		<u> </u>		<u> </u>
														Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			tee, k	.ey e	mple •	oyee,	or hı	ghest comp	ensat	ed employ	ee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual												4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization										ndıvıdual fo	or •	5		No
	ection B. Independent Contract														
1	Complete this table for your five high from the organization Report compe												npen	nsation	
	Name	(A) and business addre	ess		_	_		_			(B) escription of		_	(C) Compen	
	AERIAL SERVICES LLC			_	_	_		_			ROUND LINE JCTION CON			2.	2,090,983
	OX 2391 RNE, TX 78006		_	_	_		_		L						_
PANNE 108 C	NELL CONTRACTING CHULA VISTA									VERHEA	AD LINE CON CTOR	ISTRUCTIO	NC	1,	1,662,175
SHALO	RVILLE, TX 78028 LOM EQUIPMENT LLC								FIE	BER CC	ONTRACTOR			1	1,366,063
	FFORTH, TX 79382														
43 SH	S POWER LINE CONSTRUCTION HOOTING CLUB ROAD									VERHEA ONTRAC	AD LINE CON CTOR	ISTRUCTIO	NC	1,	1,319,017
BOERI N-CON	RNE, TX 78006					—			FI'	BER CC	ONTRACTOR		—		780 363

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

780,363

FIBER CONTRACTOR

	90 (2017)								Page 9
Part \	Statement of								
	Check If Schedule	e O contains a	respor	nse or note to any	line in this Part VI (A) Total revenue	Re e fu	(B) lated or xempt inction evenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a Federated campaign	ıs	1a	<u>'</u>		1	I .		-
unts	b Membership dues .	. [1 b						
Gra mo	c Fundraising events	[1c						
ffs, r <u>A</u>	d Related organization	ns	1d	_					
Gi	e Government grants (co	ntributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above	gifts, grants, bt included	1f						
Contributio and Other	g Noncash contribution in lines 1a-1f \$		_						
<u>ة ت</u>	h Total. Add lines 1a-1f	f	• •	<u> </u>					
Ele				Business					
14. 14.	2a SALES OF ELECTRICITY					,316,885	61,316		
o <u>≭</u>	b LEASE REVENUE- LCRA	_				,132,441 ,595,005	3,132 1,595		
<u>ن</u> ج	c sales of solar panels d patronage dividends				221000	518,644		,644	
₹	e SERVICE FEES				221000	399,591		,591	
ram	f All other program ser					219,724	219	,724	
Program Service Revenue	· -			67,1	82,290				
<u> </u>	gTotal.Add lines 2a-2f			·	1				
	3 Investment income (in similar amounts)	icluding divide	ends, in •	terest, and other	35,3	21			35,321
	4 Income from investme			nd proceeds 🕨					
	5 Royalties			•					
		(ı) Real		(II) Personal					
	6a Gross rents								
	b Less rental expenses								
	c Rental income or (loss)								
	d Net rental income or	(loss)			1				
	Г	(ı) Securit	es	(II) Other					
	7a Gross amount from sales of assets other than inventory			200					
	b Less cost or other basis and sales expenses			0					
	C Gain or (loss)			200	Į	00			200
<u>ə</u>	d Net gain or (loss) . 8a Gross income from fu (not including \$	ındraısıng eve	_	<u> </u>	2	00			200
Other Revenue	contributions reported See Part IV, line 18 b Less direct expenses		a b						
er	c Net income or (loss) f		ng eve	nts ▶					
Ott	9a Gross income from ga See Part IV, line 19	aming activition	es a						
	b Less direct expenses c Net income or (loss) if		b	es >					
	10aGross sales of invento returns and allowance		a	173,487					
	b Less cost of goods so	old	ь	88,705					
	c Net income or (loss) f	from sales of	∟ Invento	ory >	84,7	82	84,782		
	Miscellaneous I			Business Code					
	11apole attachment i	INCOME		221000	862,7	99			862,799
	b		<u> </u>						
	с								
	d All other revenue .					+-			
	e Total. Add lines 11a-			•		+			
	12 Total revenue. See		_		862,7				
	rotal revenue: see	2.13c1 actions	• •	• • • •	68,165,3	92	67,267,072		0 898,320 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to ar	y line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	80,259			
2 Grants and other assistance to domestic individuals See Par IV, line 22	t			
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	7,656,978			
5 Compensation of current officers, directors, trustees, and key employees	665,643			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5			
7 Other salaries and wages	4,074,292			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	593,155			
9 Other employee benefits	534,067			
10 Payroll taxes	303,207			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,825,659			
21 Payments to affiliates	2,227,227			
22 Depreciation, depletion, and amortization	6,113,393			
	0,113,333			
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	35,693,925			
b ADMIN & GENERAL EXPENSE	4,053,151			
c DISTRIBUTION EXPENSE	3,824,322			
d COST OF SALES - SOLAR	1,212,254			
e All other expenses	1,044,052			
25 Total functional expenses. Add lines 1 through 24e	68,674,357			
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** (2017)

1

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

Total liabilities. Add lines 17 through 25 .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

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.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

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

Page **11**

684,703

103,441,357

603,430

67,747,657

68,351,087

171,792,444 Form **990** (2017)

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

	Beginning of year		End of year
Cash-non-interest-bearing	2,257,300	1	
Savings and temporary cash investments		2	

	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,059,352	4	2,604,683
	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	
ets	7	Notes and loans receivable, net		7	180,217
Assets	8	Inventories for sale or use	26,421	8	872,508
~					

S.		coars and other receivables from other disquali- section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 itions c (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
ets	7	Notes and loans receivable, net				7	180,217
SS	8	Inventories for sale or use			26,421	8	872,508
۷	9	Prepaid expenses and deferred charges			1,603,393	9	1,796,112
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	229,961,603			
	ь	Less accumulated depreciation	10 b	70,420,042	147,658,961	10 c	159,541,561
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .		4,541,298	13	4,692,653
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		1,327,180	15	1,420,007	
	16	Total assets. Add lines 1 through 15 (must equ	34)	160,473,905	16	171,792,444	
	17	Accounts payable and accrued expenses			4,589,040	17	9,932,966
	10	Cuanta navabla				10	<u> </u>

		investments other securities see rare iv, inte ii			
	13	Investments—program-related See Part IV, line 11	4,541,298	13	4,692,653
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,327,180	15	1,420,007
	16	Total assets.Add lines 1 through 15 (must equal line 34)	160,473,905	16	171,792,444
	17	Accounts payable and accrued expenses	4,589,040	17	9,932,966
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ڼ	21	Escrow or custodial account liability Complete Part IV of Schedule D	79,017	21	55,160
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
iab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	83,456,052	23	88,277,597

	17	Accounts payable and accrued expenses	4,589,040	17	9,932,966
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	79,017	21	55,160
<u>il</u>	21	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
준		persons Complete Part II of Schedule L		22	
Ī	23	Secured mortgages and notes payable to unrelated third parties	83,456,052	23	88,277,597
	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other believes (meledon a federal mesons have marchles to related blood a set-	9 090 501	2.	E 175 634

97,104,610

588,845

62,780,450

63,369,295

160,473,905

26

27

28

29

30

31

32

33

34

Other liabilities (including federal income tax, payables to related third parties, 8,980,501 5,175,634 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

6 7

Other changes in net assets or fund balances (explain in Schedule O)

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII

Form 990 (2017)

Part XII

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Financial Statements and Reporting

2b

2c

3a

3b

Yes

Yes

8

9

10

5.490.757 68,351,087 **~** Yes No

Nο

No

Form **990** (2017)

Page **12**

☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 74-0498072

Name: BANDERA ELECTRIC COOPERATIVE INC.

THROUGH THE ALLOCATION OF PATRONAGE CAPITAL

Form 990 (2017)

Form 990, Part III, Line 4a: ELECTRIC DIVISION PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 35,452 ACTIVE SERVICES AT YEAR END WERE PROVIDED ELECTRICITY ON A COOPERATIVE BASIS

FIBER DIVISION A SEPARATE DIVISION OF THE COOPERATIVE WAS CREATED TO PROVIDE BROADBAND INTERNET SERVICES TO ITS MEMBERS THROUGH THE CONSTRUCTION OF A FIBER OPTIC NETWORK THE FIRST CONNECTIONS BEGAN RECEIVING SERVICE DURING 2017 FIBER OPTIC BROADBAND SERVICES OF THE BEC FIBER DIVISION WILL BE PROVIDED TO MEMBERS ON A PATRONAGE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL TO THE EXTENT OF MARGINS FOR SUCH

Form 990, Part III, Line 4b:

DIVISION

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

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

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

DLN: 93493297004438

	me of the organization NDERA ELECTRIC COOPERATIVE INC		Employer identification number
BAN	IDERA ELECTRIC COOPERATIVE INC		74-0498072
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Y		
_		(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		vised funds are the
6	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" on Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org	anızatıon (check all that apply)	
	\square Preservation of land for public use (e g , recreation	on or education) $\hfill \square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	tertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in the for	m 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 histo	rıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acq structure listed in the National Register	uired after 8/17/06, and not on a historic	2d
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservat	ion easement is located ►	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hole		of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspection.	ecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$ \\$	g, handling of violations, and enforcing conser	vation easements during the year
В	Does each conservation easement reported on line 2(c	d) above satisfy the requirements of section 1	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial state	nse statement, and ements that describes
Par	Organizations Maintaining Collection: Complete if the organization answered "Y		er Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	.16 (ASC 958), not to report in its revenue sta or public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items		
1	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	, ,		• \$
•	ii)Assets included in Form 990, Part X	mod American and Alberta Control	> \$
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Cat No 52283D

Schedule D (Form 990) 2017

Par	3111	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal T	reasu	ıres, or	Other	Similar A	ssets (c	ontinued	')
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant i	use of its	collectio	n
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ng the year, did the org ts to be sold to raise fur									ular	☐ Yes	. 🗆	No
Pai	t IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on Fo	orm 990	O, Part
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedi	ary for	contri	bution	s or othe	er assets	not	☐ Yes	. V	No
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table		[Α	mount		
С	Begii	nning balance								1c				
d	Addı	tions during the year							[1d				
e	Dıstr	ibutions during the year	r							1e				
f	Endı	ng balance							Į	1f				
2 a	Did t	he organization include:	an amount on Fo	rm 990, Pa	rt X, line 2	21, for	escrow	v or cu	stodial a	ccount lia	ability?	✓ Yes	. 🗆	No
b	If "Y	es," explain the arrange	ment in Part XIII	Check her	e ıf the ex	planati	on has	s been	provided	d in Part)	XIII		. 🗹	<u>'</u>
Pa	rt V	Endowment Fund												
				(a)Currer	nt year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three yea	ars back	(e)Four y	ears back
1 a	Begini	ning of year balance .												
		butions						_						
		vestment earnings, gair												
		s or scholarships												
е		expenditures for facilition of the contract of	es											
f	Admın	istrative expenses .												
g	End of	f year balance												
2		ide the estimated perce		ent year end	d balance	(line 1	g, colu	mn (a))) held a	s				
а	Boar	d designated or quasi-e	ndowment >											
b		nanent endowment 🕨												
С		porarily restricted endov												
2		percentages on lines 2a						.1.4		-h 1.C	41			
3а		here endowment funds nization by	not in the posses	sion of the	organizati	on tha	t are n	eia an	a aamini	sterea ro	r tne		Yes	s No
	_	nrelated organizations										3a		
	(ii)	related organizations .										3a((ii)	
		es" on 3a(II), are the re	-					? .				3	b	
4		ribe in Part XIII the inte			n's endow	ment f	unds							
Pai	t VI	Land, Buildings, Complete if the or			" on For	m aan	Dar+	TV/ !·	na 11a	See Fo	-m 900 Pa	urt V June	a 10	
	Descr	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost (•				depreciation		1) Book va	alue
1~	Land						51	39,448						539,448
	Land Buildir							79,658			3,184,907			6,494,751
		hold improvements						-,,,,,,			-, ,,,,,,			
		ment					210.63	24,605			67,235,135		1	143,389,470
u	-quipi	nonc i i i			I			,555			,200,100		-	

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

9,117,892

159,541,561

Part VII Investments—Other Securities. Complete if the	organization	n answered "Ye	es" on Form 990, Pa	rt IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b)	(c) Method of v	
(including name of security)	E	Book Value	Cost or end-of-year	
) Financial derivatives		alue		
Closely-held equity interests				
)				
)				
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
rt VIII Investments—Program Related.	<u>, </u>	TV loss data of	S 5 000 Pt	/ lime 42
Complete if the organization answered 'Yes' on Fo (a) Description of investment	(b) Book		(c) Method of v	
<u> </u>			Cost or end-of-year	market value
)				
)				
)				
)				
)				
)				
)				
)				
))				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	>			
art IX Other Assets. Complete if the organization answered		990, Part IV, line	11d See Form 990, Pa	
(a) Description				(b) Book value
)				
)				
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.	swered 'Yes'	on Form 990,	Part IV, line 11e or	11f.
(a) Description of liability		(b) Book value		
Federal income taxes			5.046	
CUMULTED PROVISION FOR POST RETIRMENT BENEFITS STOMER ADVANCES FOR CONSTRUCTION			5,916 3,436	
STOMER DEPOSITS			3,622	
AMORTIZED GAIN ON REAQUIRED DEBT			3,173	
FERRED CREDITS - UNCLAIMED PATRONAGE CAPITAL FERRED CREDITS - OTHER			9,431	
CRUED OPERATING TAXES			1,130	
			I	

Page 4

68,165,392

61,017,379

7,656,978

68.674.357

Schedule D (Form 990) 2017

3

4c

5

7.656.978

2e e 3 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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 . . .

Supplemental Information

Schedule D (Form 990) 2017

Part XI

1

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

68,165,392 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c n Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 68,165,392 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 61,017,379 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

2e

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

4a 4b

Explanation

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 74-0498072

Name: BANDERA ELECTRIC COOPERATIVE INC

Explanation

Supplemental Information

Return Reference

	1
PART IV, LINE 2B	PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED A RURAL SCHOLARSHIP FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER STATE LAW THE AMOUNTS DEPO
	SITED INTO THE RURAL SCHOLARSHIP FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE U SED FOR SCHOLARSHIPS TO ENABLE STUDENTS FROM RURAL AREAS TO ATTEND COLLEGE, TECHNICAL SCHO OL OR OTHER POST SECONDARY EDUCATION INSTITUTION ANY AMOUNTS SO DEPOSITED INTO THE RURAL SCHOLARSHIP FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED ALSO PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE H AS ESTABLISHED AN ECONOMIC DEVELOPMENT FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER STATE
	LAW THE AMOUNTS DEPOSITED INTO THE ECONOMIC DEVELOPMENT FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED FOR THE STIMULATION AND IMPROVEMENT OF BUSINESS AND COMMERCIAL ACTIVITY FOR ECONOMIC DEVELOPMENT IN RURAL COMMUNITIES ANY AMOUNTS SO DEPOSITED INTO THE ECONOMIC DEVELOPMENT FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED ALSO PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COO PERATIVE HAS ESTABLISHED AN ENERGY EFFICIENCY ASSISTANCE FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER STATE LAW THE AMOUNTS DEPOSITED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED TO ASSIST MEMBERS OF AN ELECTRIC COO PERATIVE IN REDUCING THEIR ENERGY CONSUMPTION AND ELECTRICITY BILLS ANY AMOUNTS SO DEPOSITED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED

applemental and made						
Return Reference	Explanation					
PART X, LINE 2	THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIP LES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE CO OPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE					

Supplemental Information

I INTERNAL REVENUE SERVICE, OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE L IKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES

upplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PATRONAGE CAPITAL ASSIGNABLE 7,656,978

S

Supplemental Information							
Return Reference	Explanation						
PART VIII	THE AMOUNT OF INVESTMENTS - PROGRAM RELATED ON FORM 990, PAGE 11, PART X, LINE 13 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B C ONSEQUENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART VIII HAS BEEN LEFT BLAN K PART IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUA L OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQ UENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART IX HAS BEEN LEFT BLANK						

Supplemental Information

Supplemental 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 ST ATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPEC TO 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 SEPORTED 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

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DL	N: 934932970	04438	
Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Pepartment of the Treasury Department of the Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .								OMB No 1545-0047 2017 Open to Public Inspection		
Internal Revenue Service Name of the organization	Employer identifi	yer identification number								
BANDERA ELECTRIC COOPER	ATIVE INC						74-0498072			
Part I General Info	rmation on Grants	and Assistance								
			the grants or assistance, t		for the grants or assistance	ce, and		☐ Yes	☑ No	
	<u> </u>		e of grant funds in the Ur							
		nestic Organizations ar I can be duplicated if add		nts. Complete If the o	rganization answered "Yes	" on Form	990, Part IV, line	e 21, for any recipi	ent	
(a) Name and address o organization or government	f (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of or assistance	grant	
(1) BANDERA COUNTY RIVER AUTHORITY AND GROUNDWATER DISTRICT PO BOX 177 BANDERA, TX 78003	74-2576034	GOVERNMENT	6,800					CONTRIBUTION OPERATION AN MAINTENANCE STREAMFLOW S	D OF A	
2 Enter total number of	section 501(c)(3) and g	overnment organizations	listed in the line 1 table .				•			
3 Enter total number of	other organizations liste	d in the line 1 table		<u> </u>		<u></u>	▶		1	
For Paperwork Reduction Act	Notice, see the Instruction	ons for Form 990.		Cat No 50055			Scl	hedule I (Form 990)	2017	

Schedule I (Form 990) 201	17					Page 2		
	Other Assistance to e duplicated if addition		als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22			
(a) Type of grant	or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplen	nental Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	ddıtıonal ınformatıon.		
Return Reference	Explanati	on						
PART II	ALL GRANTS, SPONSORSHIPS AND/OR DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA, AND ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE							

Schedule I (Form 990) 2017

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9329	7004	438
Sch	nedule J	Co	mpensati	ion Information	МО	IB No	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at						alic
•	tment of the Treasurv al Revenue Service	P Information abo		gov/form990.	is at		to Pul ectio	
	ne of the organiz				Employer identificat	ion nu	ımber	
BAN	IDERA ELECTRIC CO	OPERATIVE INC.			74-0498072			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of person				
		nification and gross-up payments	lacksquare	Health or social club dues or initiation				
	□ Discretion	nary spending account	ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding paym iplete Part III to explain	ent or reimbursement	1 b		No
2				or allowing expenses incurred by all	1-3	2		No
	airectors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked in line	e Ia'			
3	organization's C	EO/Executive Director Check all	that apply Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment?			4a	Yes	
b		r receive payment from, a supple		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	: III			
	Only E01/a)/2), 501(c)(4), and 501(c)(29)		must samplete lines F 0				
5			_	the organization pay or accrue any				
•		ontingent on the revenues of		the organization pay or accrac any				
а	The organization	n?				5a		
b	Any related orga	anization?				5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				6 a		
b	Any related orga					6b		
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes,		the organization provide any nonfixed rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For I	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdowr	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
1 WILLIAM HETHERINGTON CEO/GENERAL MANAGER	(i)	257,630	1,000	1,984	53,172	37,157	350,943	0
	(ii)	0	0	0	0	0	0	0
2 LYNN MIDGETTE CFO/COO	(i)		0	0	0	0	181,000	0
	(ii)		0	0	0	0	0	0
3 RODRIGO SIFUENTES MANAGER OF ENGINEERING	(i)	121,349	6,000	507	26,921	9,155	163,932	0
	(ii)		0	0	0	0	0	0
4 JOHN RUSH MANAGER OF OPERATIONS	(i)		6,000	2,701	24,730	24,587	171,218	0
	(ii)	0	0	0	0	0	0	0
							,	
		1						
		1						
							1	
			1					
					1		1	1

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I, LINE 1A HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - PURSUANT TO THE COOPERATIVE'S WELLNESS PROGRAM, THE COOPERATIVE WILL PROVIDE A \$25 IMONTHLY GYM MEMBERSHIP REIMBURSEMENT FOR BOTH EMPLOYEES AND THEIR SPOUSE PART I, LINE 4A IRICHARD MCDONALD, IT MANAGER, RECEIVED \$50,000 IN SEVERANCE PAY PART II. COLUMN C INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION

RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT. IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED. IN THE FINANCIAL STATEMENTS WILLIAM HETHERINGTON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 37,715 EMPLOYER CONTRIBUTION TO 401(K) PLAN 15.457 TOTAL REPORTED IN COLUMN C \$ 53,172 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (37,715) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 40,363 EXPENSE TO THE COOPERATIVE \$ 55,820 RODRIGO SIFUENTES ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 18,898 EMPLOYER CONTRIBUTION TO 401(K) PLAN 7,393 TOTAL REPORTED IN COLUMN C \$ 26,291 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (18,898) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 23.671 EXPENSE TO THE COOPERATIVE \$ 31.064 JOHN RUSH ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$

Schedule J (Form 990) 2017

Supplemental Information

Part III

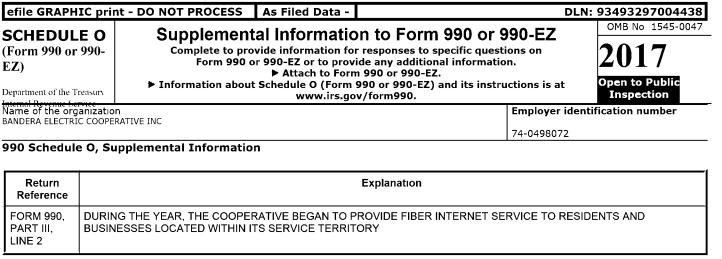
Page 3

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DI	N: 93	4932	9700	04438	
Schedule L (Form 990 or 990	Complete	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	Interested Persons es" on Form 990, Part IV, lines 25a, 25b, 26, 290-EZ, Part V, line 38a or 40b. 90 or Form 990-EZ.						2017			
Department of the Trea Internal Revenue Serv	asurv	ormation abo	out Schedu	ıle L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C	pen		ıblic	
Name of the org BANDERA ELECTRI	anization C COOPERATIVE INC							•	yer id e 8072	entifica	ition r	umb	er	
	ss Benefit Trar lete if the organiza									ne 40h				
) Name of disquali			Relationship be				(c) [escrip ansact	tion of) Corr es	rected?	
Part II Los Cor rep (a) Name of	ans to and/or Inplete if the organiorted an amount of the organiorted an amount of the with organization	From Interdization answern Form 990, F	ested Per red "Yes" or Part X, line 5 (d) Loan t	sons. n Form 990-EZ, 5, 6, or 22			90, Par (g) defa	In	(Appro	h) ved by rd or	(ganıza i) Wrıt greem	ten	
			То	From	-		Yes	No	comn Yes	No	Yes		No	
							-			-				
Total Part IIII Gra	nts or Assistar	co Bonofit	ina Inter		> \$									
Con	nplete of the orga rested person (b	anization ans	swered "Ye between		990, Part IV,	(d) Type	of assı	stanc	e	(e) Pu	rpose (of assi	stance	
		organizati												
									\dashv					

(a) Name of Interested person	(b) Relationship between interested person and the organization	between interested transaction person and the		(e) Sharii of organizatio revenues	
(1) ANDREW EDWARDS	FAMILY RELATIONSHIP		ANDREW EDWARDS RECEIVED COMPENSATION AS AN EMPLOYEE HE AND MICHAEL EDWARDS, BOARD CHAIRMAN, ARE FAMILY MEMBERS PER THE 990 DEFINITION OF FAMILY MEMBERS	Yes	No No
(2) DALTON BLANK	FAMILY RELATIONSHIP		DALTON BLANK RECEIVED COMPENSATION AS AN EMPLOYEE HE AND LYNN MIDGETTE, CFO/COO, ARE FAMILY MEMBERS PER THE 990 DEFINITION OF FAMILY MEMBERS		No
Part V Supplemental Informat					

Part V Supplemental Information

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



Return Explanation
Reference

FORM 990, THE COOPERATIVE HIRED T LYNN MIDGETTE, P.C., TO BE ITS CFO TOTAL COMPENSATION PAID TO T LYNN PART VI, MIDGETTE FOR THE TAX YEAR 2017 WAS \$181,000 SECTION A.

990 Schedule O, Supplemental Information

LINE 3

990 Schedule O, Supplemental Information

Return	Explanation
Reference	
FORM 990, PART VI, SECTION A, LINE 4	DURING THE YEAR, THE BYLAWS OF THE COOPERATIVE WERE AMENDED AS FOLLOWS ARTICLE I - MEMBER S SECTION 6 - JOINT MEMBERSHIP - THIS SECTION WAS CLARIFIED TO REMOVE STATEMENTS NOT NECES SARY OR STATED OTHERWISE IN ANOTHER SECTION OF THE BYLAWS SECTION 7 - ORGANIZATIONAL MEMB ERSHIPS - THIS NEW SECTION WAS ADDED TO STATE THAT A NON-NATURAL ENTITY OR ORGANIZATIONAL MEMB ERSHIPS - THIS NEW SECTION WAS ADDED TO STATE THAT A NON-NATURAL ENTITY OR ORGANIZATION MAY APPLY OR CONTINUE MEMBERSHIP IN THE COOPERATIVE PURSUANT TO THE REQUIRMENTS FOR MEMBERSH IP SPECIFIED IN THIS ARTICLE ANY SUCH NON-NATURAL PERSON ACCEPTED, OR CONTINUING MEMBERSH IP, MUST DESIGNATE TO THE COOPERATIVE AN INDIVIDUAL TO REPRESENT ITS VOTING INTERESTS IN A NY MEETING OF MEMBERS OR ANY OTHERWISE NEEDED REPRESENTATION OF THAT MEMBERSHIP INTEREST AS A RESULT OF THE ADDITION OF THIS NEW SECTION, SUBSEQUENT SECTION OF THIS SECTION WAS REMOVED FROM THE BYLAWS AND A NEW POLICY WAS CREATED IN ITS PLACE AS A RESULT OF R EMOVING THIS SECTION, SUBSEQUENT SECTION NUMBERS WERE CHANGED SECTION 6 - VOTING - THIS SECTION WAS CLARIFIED TO ADD THAT IN NO EVENT SHALL ANY INDIVIDUAL PERSON, UTILIZING ANY CO MBINATIONS OF THAT INDIVIDUAL'S SINGLE MEMBERSHIP, OR A REPRESENTATIVE OF A NON-NATURAL PER SON ENTITY, BE ENTITLED TO CAST MORE THAN THREE (3) VOTES ON ANY ISSUE SUBMITTED TO A VOTE AT A MEETING OF THE MEMBERS AT ALL MEETINGS OF THE MEMBERS AT WHICH A QUORUM IS PRESENT ALL MULTIPLE CHOICE ISSUES OR DETERMINATIONS SHALL BE DECIDED BY A VOTE OF A PLURALITY VO TE, EXCEPT AS OTHERWISE PROVIDED BY LAW, THE ARTICLES OF INCORPORATION OF THE COOPERATIVE, OR BY THESE BYLAWS SECTION 8 - PROXIES - THIS SECTION WAS REMOVED DUE TO OTHER SECTIONS IN THE BYLAWS HAVING THE SAME INFORMATION ARTICLE III - DIRECTORS SECTION 6 - NOMINATION AND ELECTION OF DIRECTORS SUBSECTION (2) WAS CLARIFIED TO ADD THAT THE DIRECTOR CANDIDATE TO VALIDATION OF METERS OR PURCHARDIS PROVIDED BY LAW, THE ARTICLES OF INCORPORATION OF METERS. THIS NEW SECTION WAS ADDED TO STATE THAT THE LOSS OF FOUR QUALI

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	STAND FOR ELECTION IN THE EVENT OF A CATASTROPHIC LOSS WHEREIN TWO (2) OR LESS BOARD MEM BERS REMAIN, THE REMAINING BOARD MEMBER(S), OR IF NO BOARD REMAINS, THE HIGHEST RANKING CO OPERATIVE STAFF MEMBER, SHALL CALL A SPECIAL MEETING OF THE MEMBERSHIP WITHIN NINETY (90) DAYS OF THE OCCURRENCE OF THE VACANCY TO ELECT THE APPLICABLE NUMBER OF BOARD MEMBERS TO FILL THE VACANT POSITIONS IN ACCORDANCE WITH ALL PROVISIONS OF THESE BYLAWS WHEREIN THESE S PECIALLY ELECTED BOARD MEMBER(S) SHALL SERVE UNTIL THE NEXT REGULARLY SCHEDULED ANNUAL MEE TING OF THE MEMBERSHIP AT WHICH TIME ALL SUCH APPOINTED POSITIONS SHALL STAND FOR ELECTION SECTION 13 - QUORUM DURING CATASTROPHE - THIS NEW SECTION WAS ADDED TO STATE THAT IN THE EVENT OF A CATASTROPHIC LOSS AS DEFINED IN SECTION 7. THE TRADITIONAL QUORUM REQUIREMENTS ARE SIMPLIFIED PENDING THE APPOINTMENT OF NEW BOARD MEMBERS, IN ORDER TO ALLOW THE REMAIN ING BOARD MEMBERS TO MEET AND CONDUCT BUSINESS ALL ACTIONS OF THE BOARD DURING THIS TIME PERIOD SHALL STAND FOR RATIFICATION AT THE NEXT BOARD MEETING WHEREIN A TRADITIONAL QUORUM IS PRESENT ARTICLE IV - MEETINGS OF DIRECTORS SECTION 6 - MEETINGS BY TELEPHONE CONFEREN CE OR OTHER REMOTE COMMUNICATIONS TECHNOLOGY - THIS NEW SECTION WAS ADDED TO STATE THAT THAT PRICIPATION MAY BE CONDUCTED BY TELEPHONE OR OTHER SUITABLE ELECTRONIC COMMUNICATIONS SYSTEM ARTICLE V - OFFICERS SECTION 7 - SECRETARY - SUBSECTION (H) WAS ADDED TO CLARIFY THAT THE SECRETARY SHALL ALSO HAVE THE AUTHORITY TO APPOINT EMPLOYEE(S) OF THE COOPERATIVE TO ACTUALLY CARRY OUT CERTAIN ADMINISTRATIVE DUTIES SET FORTH IN THIS SECTION SECTION 8 - TREASURER - SUBSECTION (D) WAS ADDED TO CLARIFY THAT THE SECRETARY SHALL ALSO HAVE THE AUTHORITY TO APPOINT EMPLOYEE(S) OF THE COOPERATIVE TO ACTUALLY CARRY OUT CERTAIN ADMINISTRATIVE DUTIES SET FORTH IN THIS SECTION SECTION 8 - TREASURER - SUBSECTION (D) WAS ADDED TO CLARIFY THAT THAT THAT THAT THE AUTHORITY TO APPOINT EMPLOYEE(S) OF THE COOPERATIVE TO ACTUALLY CARRY OUT CERTAIN ADMINISTRATIVE DUTIES SET FORT H IN THIS SEC

990 Schedule O, Supplemental Information

Return

Reference

Reference	
FORM 990,	ROVIDED HOWEVER, THAT SUCH METHODS ARE FAIR AND EQUITABLE ON THE BASIS OF PATRONAGE SUCH
PART VI,	ALLOCATION METHODS MAY INCLUDE SEPARATE ALLOCATION UNITS FOR RECOGNIZING DIFFERENCES IN CO
SECTION A,	NTRIBUTIONS TO MARGINS AMONG RATE CLASSES AND/OR SERVICES PROVIDED NOTHING HEREIN CONTAIN ED
LINE 4	SHALL PREVENT THE COOPERATIVE FROM ESTABLISHING SUBSIDIARIES THAT ARE WHOLLY OWNED BY THE
	COOPERATIVE AND OPERATED AS A SEPARATE COOPERATIVE OR CORPORATION SECTION 5 - DEFINITI ONS - THIS
	NEW SECTION WAS ADDED TO CLARIFY THE TERM "PATRON" AS (1) A MEMBER IN ACCORDANC E WITH THE
	PROVISIONS OF THE BYLAWS AND (2) A NON-MEMBER TO WHOM THE COOPERATIVE FURNISHES ELECTRIC ENERGY
	ON A PATRONAGE BASIS BY AUTHORIZED CONTRACTUAL AUTHORITY A COPY OF THE B YLAWS CAN BE FOUND ON
	THE COOPERATIVE'S WEBSITE

Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990, PART VI,	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS
SECTION A, LINE 6	

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

990 Schedule O, Supplemental Information

Return Explanation

Peference

Kelefelice	
FORM 990,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION
PART VI,	OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3
SECTION A,	DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4 AMENDMENT TO THE ARTICLES OF
LINE 7B	INCORPORATION

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 8B

Return Explanation
Reference

FORM 990,	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW PRIOR TO
PART VI,	FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING THE
SECTION B,	FORM 990
LINE 11B	

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI,	ON AN ANNUAL BASIS, THE COOPERATIVE REQUIRES ALL DIRECTORS, OFFICERS AND MANGEMENT TO CERTIFY, VIA A SIGNED CERTIFICATE OF COMPLIANCE, THAT THEY HAVE COMPLIED WITH THE CODE OF ETHICS AND ARE NOT AWARE OF ANY UNREPORTED VIOLATIONS OF THE POLICY THAT MAY HAVE OCCURRED THESE ACTIONS ARE IN
LINE 12C	COMPLIANCE WITH THE COOPERATIVE'S POLICY, "CODE OF ETHICS", C05-4, PART II, #7

D - 4.....

Reference	Explanation
FORM 990,	THE BOARD OF DIRECTORS UTILIZE INTERNAL AND/OR EXTERNAL RESOURCES WHEN DETERMINING THE
PART VI,	COMPENSATION OF THE CEO/GENERAL MANAGER EXTERNAL RESOURCES ARE ALSO USED TO COMPARE ANNUAL
SECTION B,	COMPENSATION WITHIN THE INDUSTRY THE CEO/GENERAL MANAGER USES THE EXPERTISE OF AN INDEPENDENT
LINE 15	COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER
	EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY

Funlanation.

990 Schedule O, Supplemental Information

Reference

FORM 990,	THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO THE MEMBERS
PART VI,	OF THE COOPERATIVE AT THE ANNUAL MEETING THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE
SECTION C,	AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER
LINE 19	WHO REQUESTS A COPY OF ANY SUCH DOCUMENT. THE AUDITED FINANCIAL STATEMENTS. THE ANNUAL REPORT

AND BYLAWS CAN ALSO BE FOUND ON THE COOPERATIVE'S WEBSITE

Return

Reference	
FORM 990,	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A
PART VII,	DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE EMPLOYER
COLUMN F	CONTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT ADDITIONALLY, THE COOPERATIVE
	PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE
	FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO
	PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS
	THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING
	OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS,
	KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES IS COMPRISED OF ACTUARIAL INCREASE IN THE
	DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION
	PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE PENSION PLANS,
	THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED
	WELFARE BENEFIT PLAN. THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED.

Return Explanation

TO ITS MEMBERS

Reference

FORM 990, PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM

LINE 2

COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE
ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE
ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE FLECTRIC SERVICE PROVIDED BY THE COOPERATIVE

THE USOA

Return

Reference	
FORM 990,	ALTHOUGH THE COOPERATIVE IS NO LONGER AN RUS BORROWER, ITS ACCOUNTING RECORDS ARE MAINTAINED IN
PART IX	ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS (USOA) PRESCRIBED FOR RUS ELECTRIC
	BORROWERS THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON
	PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND 📗
	\mid PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES \mid
	† That are described in lines 1 - 23 are reported on line 24 linder the expense categories required by †

Paturn

Reference	Explanation
FORM 990,	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE
PART IX,	ACCOUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON
LINES 5-7	LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 4,739,935 LESS DIRECTOR FEES
	REPORTED ON FORM 1099-MISC (133,700) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (90,329) PLUS
	SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 7,333 PLUS SALARIES AND WAGES CAPITALIZED
	DIRECTLY TO PLANT 2,066,440 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH
	CLEARING AND OTHER ACCOUNTS 556,805 TOTAL WAGES ACCRUED AND/OR PAID \$ 7,146,484

Evolunation

Return

Doforonco

Reference	
FORM 990,	ADMINISTRATIVE & GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING ADMINISTRATIVE & GENERAL \$ 2,400,082
PART IX,	OFFICE SUPPLIES 583,363 OUTSIDE SERVICES 754,135 INSURANCE 177,961 EMPLOYEE BENEFITS (90,559) DIRECTORS
LINE 24	262,425 ADVERTISING 112,041 DUES TO ASSOCIATED ORGANIZATIONS 115,897 ANNUAL MEETING 94,279
	MISCELLANEOUS GERNERAL 661,643 REGULATORY COMMISSION 99,039 MAINTENANCE OF GENERAL PLANT 890,962
	TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS \$ 6.061.278 LESS RECLASS OF DIRECTOR FEES TO

TO PART IX. LINES 8-10 (472.271) TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX \$ 4.053,151

Explanation

PART IX, LINE 5 (133,700) LESS RECLASS OF LABOR TO PART IX, LINES 5 & 7 (1,402,156) LESS RECLASS OF BENEFITS

990 Schedule O, Supplemental Information

Reference	
	OTHER EXPENSES IS COMPRISED OF THE FOLLOWING CUSTOMER ACCOUNTS \$ 586,715 CUSTOMER SERVICE AND INFORMATION 214,401 TRANSMISSION 185,823 FIBER 30,988 OTHER DEDUCTIONS 26,125 TOTAL OTHER EXPENSES
LINE 24E	PER FORM 990, PART IX \$ 1,044,052

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE'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 SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S CALENDAR TAX YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2017 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATION ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATION ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCOMPLISHING ITS EXEMPT PURPOSE, 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

990 Schedule O, Supplemental Information

Reference	
FORM 990, PART XI.	PATRONAGE CAPITAL ASSIGNABLE 7,656,978 PATRONAGE CAPITAL RETIREMENT -1,789,387 DISCOUNTS ON PATRONAGE CAPITAL RETIRED 113.820 PATRONAGE CAPITAL RETIRED - RETAINED UNDER \$5 -2.663 NET CHANGE
LINE 9	IN MEMBERSHIPS 14,585 OCI- PENSIONS AND BENEFITS -502,576

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990,	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL
PART XII,	STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID

NOT OCCUR DURING THE YEAR

LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury

Internal Revenue Service

2017

DLN: 93493297004438 OMB No 1545-0047

> Open to Public Inspection

Name of the organization BANDERA ELECTRIC COOPERATIVE INC				Employer ider	ntification number		
DANDERA ELECTRIC COOPERATIVE INC				74-0498072			
Part I Identification of Disregarded Entities Complete of	f the organization ansv	wered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity]	
(1) BEC SOLAR LLC PO BOX 667 BANDERA, TX 78003 81-4073444	SOLAR POWER	TX	1,595,005	599,210	BANDERA ELECTRIC COOPER	RATIVE INC	_
							_
							-
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the org	ganızatıon answered	"Yes" on Form 99	0, Part IV, line 34	because it had one or	r more	
(a) Name, address, and EIN of related organization	(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	(13) co	g) 512(b) ontrolled
						Yes	No
(1)BANDERA ELECTRIC CHARITABLE FOUNDATION 3172 STATE HIGHWAY 16 N	OPERATION ROUND-UP	TX	501(C)(3)	LINE 10	BANDERA ELECTRIC COOPERATIVE INC	Yes	
BANDERA, TX 78003 47-3758376							
For Paperwork Reduction Act Notice, see the Instructions for Form	990	Cat No 5013	 		Schedule R (Forn	n 990) 24	017

(a) Name, address, and EIN of related organization			(b) (c) (d) Primary Legal domicile (state or foreign country)		ng income(related, total income					amount in box 20 of Schedule K-1 (Form 1065)		ral or Piging on	ownersh
								Yes	No		Yes	No	
												\perp	
												-	
												_	
Identification of Related Organizated because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
	1											. I Y∉	es
		со	untry)										
	_	со	untry)										
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									 - -	
		со	untry)									 - - -	

(2)BANDERA ELECTRIC CHARITABLE FOUNDATION

Sche	dule R (Form 990) 2017		Pa	ge 3
Pa	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 0	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved	nount II	nvolvec	l

0

N/A - LESS THAN \$50,000

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?		Are all partners section 501(c)(3) organizations?		Are all partners 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					
													_				
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017				

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017