DLN: 93493316046399 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
BRAZOS ELECTRIC POWER COOPERATIVE INC D Employer identification number B Check if applicable ☐ Address change 74-0524729 % MS KHAKI BORDOVSKY ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 7616 BAGBY AVE ☐ Application pending (254) 750-6500 City or town, state or province, country, and ZIP or foreign postal code WACO, TX  $\,$  76712 G Gross receipts \$ 1,062,055,451 Name and address of principal officer H(a) Is this a group return for CLIFTON KARNEI □Yes ☑No subordinates? 7616 BAGBY AVENUE H(b) Are all subordinates WACO, TX 76712 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) ☑ 501(c)(12) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BRAZOSELECTRIC COM L Year of formation 1941 M State of legal domicile TX K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE VALUED SERVICE TO OUR MEMBERS AND CUSTOMERS BY GENERATING, PROCURING, AND TRANSMITTING RELIABLE POWER AT THE LOWEST COST 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) . . . 4 16 Number of independent voting members of the governing body (Part VI, line 1b) 399 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 26.099 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 889,041,920 1,046,271,552 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10,732,361 15,016,192 767,472 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,566,680 905,340,961 1,062,055,216 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). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 59,316,127 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 37,248,668 37,601,314 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 809,336,473 965,130,026 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 846,585,141 1,062,047,467 7,749 19 Revenue less expenses Subtract line 18 from line 12 . 58,755,820 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 3,171,300,381 3,025,402,476 2,196,172,173 21 Total liabilities (Part X, line 26) . 2,379,942,098 22 Net assets or fund balances Subtract line 21 from line 20 . 791,358,283 829,230,303 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-12 Signature of officer Sign Here CLIFTON KARNEI EXECUTIVE VP Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00748683 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ► PO BOX 3667 Phone no (501) 372-1040 LITTLE ROCK, AR 722033667 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>
Pa	t III Statement	of Program Service A	ccomplishments		
	Check if Sche	dule O contains a response	or note to any line in this Part III		🗆
1	Briefly describe the o	organization's mission			
	ROVIDE VALUED SERV EST COST	ICE TO OUR MEMBERS AND	CUSTOMERS BY GENERATING, PROCU	JRING, AND TRANSMITTING RE	LIABLE POWER AT THE
2	Did the organization	undertake any significant pi	rogram services during the year which	were not listed on	
	the prior Form 990 o	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedul	e O		
3	Did the organization	cease conducting, or make	significant changes in how it conducts,	any program	
		ese changes on Schedule O			☐ Yes 🗹 No
4	•	-	omplishments for each of its three larg	est program services, as measi	ired by expenses
-	Section 501(c)(3) an		re required to report the amount of gra		
4a	(Code	) (Expenses \$	0 including grants of \$	0 ) (Revenue \$	0 )
Tu	See Additional Data	) (Ехрепаса ф	o including grants of \$	o / (Nevende \$	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Schedule O	)		
	(Expenses \$	ıncludın	g grants of \$	(Revenue \$	)
4e	Total program serv	vice expenses >	0		

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Nο Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

Yes

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

No

Nο

No

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12a

12b

13

14a

14h

15

16

17

18

19

20a

20b

21

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 . . .

**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

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,"

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

Is the organization a school described in section 170(b)(1)(A)(u)? 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)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

art	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No

1b

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d |

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

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a 1,046,271,552 **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 15,617,092 12a

10a 10b

No

15

Yes

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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(7) organizations. Enter

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

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

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

13b which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

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

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

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

01111	336 (2016)			rage
Pai	Governance, Management, and Disclosure For 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 Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines 🗹
Se	ction A. Governing Body and Management			ı
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	16		
	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			
h	Enter the number of voting members included in line 1a, above, who are independent			
	, , , , , , , , , , , , , , , , , , , ,	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis of officers, directors or trustees, or key employees to a management company or other person? •	on <b>3</b>		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?	e <b>7a</b>	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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	У		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N
So	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- \	No
30	ection b. Policies (This Section b requests information about policies not required by the Internal Nevel	ide code	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?	11a	Yes	
Ь	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	
c	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	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 exemp status with respect to such arrangements?			
		16b		
	Light the States with which a copy of this Form 900 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed▶  AZ , CA , RI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Part VII

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

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - f 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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

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

(A)

Name and Title

Average hours per than one box, unless person week (list is both an officer and a from the from related compensation compensation from the from related compensation compensation from the from related compensation compensation compensation from the from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation compensation and compensation compens

Name and Title	hours per week (list any hours for related	ıs both an officer and a director/trustee) or				s pers and a ee)	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form <b>990</b> (2018)

compensation from the organization ▶ 93

Part VII

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

Page 8

Section A. Officers, Direct	iors, musices	, Key	riiibi	Oye	:05,	allu	ıngı	lest comper	isate	d Lilipioyees	COIL	mueu)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u n off	t che inles ficer	eck moss pers and a ee)	son	(D) Reportable compensate from the organization	ion (W-	(E) Reportable compensatior from related organizations (	N-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individu or direct	Instituti	Officer	key employee	Highest employe	Former	2/1099-MI	5C)	2/1099-MISC	)	organızat relat organız	:ed
		Individual trustee or director	Institutional Trustee		okoyee	Highest compensat employee							
			- <del>1</del>			3 e-c							
See Additional Data Table													
											-		
1b Sub-Total						<b>&gt;</b>			+				
d Total (add lines 1b and 1c)						<u>▶</u>		5,910,76		6,00	0		548,212
2 Total number of individuals (including of reportable compensation from the			e liste	ed ai	DOV	e) wnc	rec	eived more th	an \$10	00,000			
												Yes	No
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule 3</i>	*			•				-	sated	employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual										n the			
5 Did any person listed on line 1a recei	ve or accrue cor	npensat	tion fr	rom	any	unrela	ated	organization o	r ındı	vidual for	4	Yes	
services rendered to the organization		lete Sch	edule	J fo	r su	ıch pei	rson		•		5		No
Section B. Independent Contract  Complete this table for your five high	est compensate										npen	sation	
from the organization Report compe	(A)		year	end	ing	with o	r wit	thin the organi		(B)		(0	
Name a SIEMENS ENERGY INC, DEPT CH 10169 PALATINE, IL 600550169	and business addre	ess						GENE		ription of services  N MAINT		Compe 9	nsation 1,936,978
CHAPMAN CONSTRUCTION, 10011 W UNIVERSITY DRIVE MCKINNEY, TX 75071								TRAN	SMISS:	ION CONST		$\epsilon$	,905,336
GENERAL ELECTRIC INTERNATIONAL, 4200 WILDWOOD PARKWAY ATLANTA, GA 30339								GENE	RATIO	N MAINT		5	5,667,840
PRYSMIAN CASUS39 PRYSMIAN CASUE SYSTEMS USA LLC, 97 CHIMNEY ROCK ROAD BRIDGEWATER, NJ 08807								TRAN	SMISS:	ION CONSTR		4	,730,388
MICHELS, 1775 E SHADY LANE NEENAH, WI 54956								TRAN	SMISS:	ION CONSTR		3	3,772,473
2 Total number of independent contractor	rs (including hut	not lim	uted t	n th	OSE	listed	ahov	ve) who receiv	ed mo	ore than \$100.00	n of		

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

	90 (2018)					Page <b>9</b>
Part						
	Check if Schedule O contains a response or no		this Part VIII (A) revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Revenue and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a - 1f \$ h Total. Add lines 1a-1f	Business Code  221000	2,4	35,841 1,04	2,735,841 2,443,177	512 - 514
ı Q≛	c CAPITAL CREDITS		4	24,991	424,991	
rvic	d TRANSMISSION EXPORT REVENUE	221000	4	34,340	434,340	
3	e SALE OF EXCESS NATURAL GAS	221000	2	33,203	233,203	
ran	<sup>-</sup>	221000	'			
Prog	f All other program service revenue  gTotal. Add lines 2a–2f ▶	1,046,271,552	2	 	· · · · · · · · · · · · · · · · · · ·	
	<b>3</b> Investment income (including dividends, interest, a similar amounts)	and other	14,952,551			14,952,551
	4 Income from investment of tax-exempt bond proce	eeds	0			
	<b>5</b> Royalties	▶	608,649			608,649
	(ı) Real (ıı) Pe	ersonal				
	<b>6a</b> Gross rents	150.020				
	<b>b</b> Less rental expenses	158,823				
	c Rental income or (loss)	158,823				
	d Net rental income or (loss)	•	158,823			158,823
	· · ·	Other				<del> </del>
	7a Gross amount from sales of assets other than inventory	63,876				
	b Less cost or other basis and sales expenses  C Gain or (loss)	235 63,641				
	d Net gain or (loss)	<b>&gt;</b>	63,641			63,641
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a  b Less direct expenses b  c Net income or (loss) from fundraising events .	0 0	0			
the	9a Gross income from gaming activities					
0	See Part IV, line 19					
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities		0			
	10aGross sales of inventory, less returns and allowances a	0				
	<b>b</b> Less cost of goods sold <b>b</b>	0				
	C Net income or (loss) from sales of inventory .  Miscellaneous Revenue Busine	ess Code	0			
	11a					
	ь					
	c					+
	d All other revenue				+	<del> </del>
	e Total. Add lines 11a-11d	<b>•</b>				
	12 Total revenue. See Instructions	—	0			
		· P	1,062,055,216	1,046,271,	552	15,783,664

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns.  Check if Schedule O contains a response or note to any line in this Part IX	
(B)	
	C)
Program service Manager	ment and expenses (D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	
2 Grants and other assistance to domestic individuals See Part IV, line 22	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	
<b>4</b> Benefits paid to or for members 59,316,127	
5 Compensation of current officers, directors, trustees, and key employees	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 21,095,367	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	
<b>9</b> Other employee benefits	
<b>10</b> Payroll taxes	
11 Fees for services (non-employees)	
a Management	
<b>b</b> Legal	
<b>c</b> Accounting	
d Lobbying	
e Professional fundraising services See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	
12 Advertising and promotion	
<b>13</b> Office expenses	
L4 Information technology	
L5 Royalties 0	
<b>L6</b> Occupancy	
<b>17</b> Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
L9 Conferences, conventions, and meetings	
<b>20</b> Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
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 PURCHASE POWER 565,519,849	
<b>b</b> FUEL EXPENSE 117,953,028	
c OPERATING EXPENSE 49,565,656	
d MAINTENANCE EXPENSE 42,086,873	
e All other expenses 21,567,606	
25 Total functional expenses. Add lines 1 through 24e 1,062,047,467	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	

Page **11** 

2,129,978,925

107.203.031

60.489.207

1,861,747,556

2.196.172.173

3.025.402.476 273,935,410

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829,230,208

829,230,303

3,025,402,476

Form **990** (2018)

Form 990 (2018)

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33

34

Liabilities 22

Fund Balance

Assets or 30

Net

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	3,458,433	1	3,427,832
2 Savings and temporary cash investments	350,296,495	2	185,942,759
3 Pledges and grants receivable, net	0	3	0
	00.500.040		04 020 402

	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	80,569,948	4	94,038,403
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	72,873,943	8	82,381,835
⋖	9	Prepaid expenses and deferred charges	433,918,408	9	422,429,691
	10a	Land, buildings, and equipment cost or other			

10a

10b

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

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

Investments-program-related See Part IV, line 11

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

2,969,826,394

839,847,469

2,123,249,902

106.933.252

61,362,141

3.171.300.381

10c 0

11

13 0 14

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27 28

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32

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95 30

791,358,188

791,358,283

3,171,300,381

0 12

0

0 18

0 19

0

0 22

2,116,487,997

202.091.960

2.379.942.098

3a

3b

No

Form 990 (2018)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

EIN: 74-0524729

Name: BRAZOS ELECTRIC POWER COOPERATIVE INC

Form 000 /201

#### Form 990 (2018)

Form 990, Part III, Line 4a:

BRAZOS ELECTRIC POWER COOPERATIVE WAS FORMED FOR THE PURPOSE OF FURNISHING DEPENDABLE AND ECONOMICAL WHOLESALE ELECTRIC POWER AND ENERGY FOR RURAL ELECTRIC DISTRIBUTION COOPERATIVES. BRAZOS SERVES SIXTEEN MEMBER COOPS AND ONE MUNICIPALITY

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organization any hours organizations from the

4,167

36,202

33,456

37,418

32,649

1,000

0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

JAMES CALHOUN

MONTY CARLISLE

LARRY CORBETT

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RICK ICKERT

**BILLY JONES** 

	for related							(W- 2/1099-	(W- 2/1099-	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
DENNIS MCWHORTER PRESIDENT	15 0 1 0	×		x				36,490	1,000	0	
LARRY BAYS VICE PRESIDENT	6 0	×		х				31,296	1,000	0	
AUDIE MORRIS SECRETARY - TREASURER	7 0	×		х				36,843	1,000	0	
WILLIAM ALLEN	5 0	х						36,467	0	0	

AUDIE MORRIS	, , , , , ,	X	x		36.843	1,000
SECRETARY - TREASURER	1 0	`	^		30,013	1,000
WILLIAM ALLEN	5 0	_			25.457	
DIRECTOR	0 0	^			36,467	U
HENRY BRADFORD	5 0	_			35,442	1,000
DIRECTOR	1.0	^			33,442	1,000

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DIRECTOR

STEVE YOUNG

....... DIRECTOR

CLIFTON KARNEI

KHAKI BORDOVSKY

VP - SERVICES

VICE PRESIDENT (JAN-APRIL)

EXECUTIVE VP & GENERAL MANAGER

RICK HAILE

**BRANDON YOUNG** 

	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	ee ee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CLENN JONES	7.0									
GLENN JONES		×						36,066	1,000	0
DIRECTOR	1 0						lag of MISC) MISC) related organizati	_		
STEVE JONES	3 0									
DIRECTOR		×						27,502	0	0
	0.0				_	$\vdash$				
JIM PENNINGTON	8 0	l						27.170		0
DIRECTOR	0 0	×						37,170	U	
BILL RAGSDALE	6 5									
		l x	l	l	1	1 1		32,385	0	0

	~ ~	ı				ı			
JIM PENNINGTON	8 0							37,170	
DIRECTOR	0 0	^						37,170	
BILL RAGSDALE	6 5	_						32,385	
DIRECTOR	0 0	^						32,363	
JORDEN WOOD	7 5	V	·					36,254	
		I ^	1 1	I	l	l		30,234	

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3,041

2,971,540

388,351

0

174,335

11,057

0

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from the week (list from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

KYLE MINNIX

CARL CURRY

**BRENT FOX** 

PLANT MANAGER

MANAGER COMMUNICATIONS

MANAGER FISCAL SERVICES

	ally flours	l allu	ı a uıı	ecto	71 / CI	ustee	,	Organization	Organizations	l lioni tile .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Cēl	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHNNY YORK	45 0				×			380,888	0	23,459
VP - TRANSMISSION	0 0				^`			300,000	0	23,133
JOSH CLEVENGER	44 0									
VP - POWER SUPPLY	0.0				X			347,163	0	36,763

JOHNNI TORK			χl		380,888	n	23,459
VP - TRANSMISSION	0 0				300,000	3	23,133
JOSH CLEVENGER	44 0		V		347,163	0	36,763
VP - POWER SUPPLY	0 0		^		347,163	0	36,763
TRAVIS THRALL	45 0		V		253,944	0	57,647
VD CENEDATION			^		255,944	U	37,647

			 ΧΙ		347,163		36,/63
VP - POWER SUPPLY	0 0				0,133	,	
TRAVIS THRALL	45 0		Ţ		253,944	0	57,647
VP - GENERATION	0 0		^		255,544	0	37,047
SHARI HEINO	42 0		Ţ		222,436	0	47,202
CHIEF COMPLIANCE OFFICER	0.0		^		222,430	0	47,202

	0.0							
TRAVIS THRALL	45 0			×		253,944	C	57,647
VP - GENERATION	0 0					233,511	•	37,017
SHARI HEINO	42 0			V		222 426	0	47.202
CHIEF COMPLIANCE OFFICER	0 0			^		222,436	U	47,202
BODNEY LITTLE	40 0		П					

VP - GENERATION	0 0		X		253,944	0	57,647
SHARI HEINO	42 0		х		222,436	0	47,202
CHIEF COMPLIANCE OFFICER	0 0				·		
RODNEY LITTLE	40 0			×	180.864	C	47,638
MANAGER NETWORK SERVICES	0 0				100,004	0	47,030
			 	ı			

	0.0						
RODNEY LITTLE	40 0						
MANAGER NETWORK SERVICES	0.0			X	180,864	0	47,638
ANTHONY KROSKEY	44 0						
MANAGER TRANSMISSION SYSTEM OP	0.0			Х	171,210	0	11,656

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170,495

166,834

164,190

49,952

45,877

42,626

RODNEY LITTLE	40 0			v	180.864	0	
MANAGER NETWORK SERVICES	0 0			<	100,004	0	
ANTHONY KROSKEY	44 0			_	171,210	0	
MANAGER TRANSMISSION SYSTEM OP	0 0			^	1/1,210	U	

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0 0

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.

DLN: 93493316046399 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service

(Form 990)

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** BRAZOS ELECTRIC POWER COOPERATIVE INC 74-0524729 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

ar	3000	Organizations Ma	aintaining Col	lections of	Art, Histor	ical T	reasi	ures, oi	r Other	Similar A	ssets (co	ontinued	)	
3		the organization's acq (check all that apply)	uisition, accessioi	n, and other re	ecords, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of its	collectio	n	
а		Public exhibition			d		Loan	or excha	ange prog	ırams				
b		Scholarly research			е		Othe	er						
С		Preservation for future	e generations											
4	Provid Part X	de a description of the	organization's col	lections and e	xplain how th	ey furt	her th	e organız	zation's ex	xempt purp	ose in			
5		g the year, did the orga s to be sold to raise fur								nılar	☐ Yes	. 🗆	No	
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 990	), Part	: IV, I	ine 9, o	r reporte	ed an amo	unt on Fo	orm 990	), Pa	rt
1a		e organization an agent led on Form 990, Part )		an or other int	ermediary fo	r contr	bution	ns or othe	er assets	not	☐ Yes		No	
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the following	ı table				-	Amount		_	
c		ning balance		aa 55p.		,			1c					
d	-	ons during the year							<b>1</b> d					
e		butions during the year	r						1e					
f		g balance							1f					
2a	Did th	e organization include	an amount on Fo	rm 990 Part	X line 21 for	escrov	v or ci	ıstodial a	ccount lia	ahility?	□ vec		No.	
		s," explain the arrange								·	_		NO	
	rt V	Endowment Fund			•			-						
		<u> </u>	us: complete ii	(a)Current		Prior yea			ears back			( <b>e)</b> Four y	ears b	ack
1a	Beginni	ing of year balance .												
b	Contrib	outions												
c	Net ınv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships												
		expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance												
2 a		de the estimated perceil I designated or quasi-e	_	ent year end b	alance (line 1	.g, colu	ımn (a	)) held a	s					
ь	Perma	anent endowment 🕨												
c	Temp	orarily restricted endov	wment <b>&gt;</b>											
·		ercentages on lines 2a		ld equal 100%	0									
3a		nere endowment funds	not in the posses	sion of the or	ganization tha	at are h	eld ar	nd admini	stered fo	r the				
	-	ization by									<u> </u>	Yes	5 N	lo
	• •	nrelated organizations									3a(			
b		elated organizations . s" on 3a(ii), are the rel			uired on Sch	 edule F	. ?	• •			. 31		+	—
4		ibe in Part XIII the inte	-		•									—
Par	t VI	Land, Buildings,	and Equipme	 1t.										
		Complete of the org			on Form 990	), Part	: IV, I	ine 11a.	. See Fo	rm 990, Pa	art X, line	10.		
	Descri	ption of property	(a) Cost or oth (Investme		<b>b)</b> Cost or othe	r basıs (	other)	(c) Acc	umulated o	depreciation	(d	l) Book va	alue	
La	Land					177,0	89,556					1	.77,08	9,556
	Building					125,0	92,540			30,728,961			94,36	3,579
		old improvements												
		nent				2,660,9	72,653			804,510,132		1,8	356,46	2,521
						6,6	71,645			4,608,376			2,06	3,269

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

2,129,978,925

	Saa Form duli Dart V lina 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		) Method of val r end-of-year m	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Forn	n 990. Part X.	. line 13.
	(a) Description of investment		ook value	(c	) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year m	iarket value
(2)						
(3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13 )	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column  Part IX			m 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 <b>(b)</b> Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserted.	·				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col (B) line 15	·				(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  Fotal. (Column Part X  1) Federal (  2)  3)  4)  5)  6)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Colum Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value

Part XI

2

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Page 4

С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d		3,555,8	87	
е	Add lines 2a through 2d		 		2e	
_					_	$\overline{}$

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

3,555,887 3 1,059,671,686 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 2.383.530 b

2a

2b

Add lines **4a** and **4b** . . . . . . 4c 2,383,530 C Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . 5 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.

5 1,062,055,216 1 1,000,355,559 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 Other (Describe in Part XIII ) . . . . . . 2d d Add lines 2a through 2d . . 2e

3 1,000,355,559 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b 61,691,908 

4c 61,691,908 5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 1.062.047.467 Part XIII Supplemental Information

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

See Additional Data Table

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### **Additional Data**

Software ID:

Software Version: **EIN:** 74-0524729

Name:

BRAZOS ELECTRIC POWER COOPERATIVE INC.

## Supplemental Information

#### Return Reference Explanation FORM 990, SCHEDULE D, PART MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 X. LINE 2 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL TAX POSITIONS TO BE RE CORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 2D	INCOME FROM EQUITY INVESTMENTS \$3,555,887

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 4B	EXPENSES NETTED WITH OTHER REVENUE IN AUDIT \$2,375,781 ACES LLC K-1 INCOME \$7,749TOTAL \$2,383,530

-

Supplemental Information Return Reference Explanation FORM 990, SCHEDULE D, PART | PATRONAGE ALLOCATED TO MEMBERS \$59,316,127 EXPENSES NETTED WITH OTHER REVENUE IN AUDIT \$2, XIII. LINE 4B 375.781 ----- TOTAL \$61.691.908

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	6046	399		
Sch	edule J	Co	mpensati	ion Information	10	1B No	1545-(	0047		
(For	n 990)	For certain Officer	•							
		► Complete if the orga	Compensa nization answ	ited Employees vered "Yes" on Form 990, Part IV	, line 23.	2018				
Б	▶ Attach to Form 990.									
•	tment of the Treasury al Revenue Service	▶ do to <u>www.irs.gov</u>	/ <i>F01111990</i> 101	mistructions and the latest miori	nation.	pen t Insp	ectio			
	ne of the organiza	ation /ER COOPERATIVE INC			Employer identificat	ion nu	ımber			
DIW.	203 EEEGTNIC TOW	EN COOPERVITVE INC			74-0524729					
Pa	rt I Questi	ons Regarding Compensati	on							
							Yes	No		
1a				the following to or for a person liste y relevant information regarding the						
		s or charter travel	님	Housing allowance or residence for	•					
	_	companions	님	Payments for business use of perso						
		nification and gross-up payments	H	Health or social club dues or initiati Personal services (e.g., maid, chau						
	L Discretion	nary spending account		Personal services (e g , maid, chad	rreur, cher)					
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b				
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2				
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked in line	e Iar					
3		if any, of the following the filing of: EO/Executive Director Check all		ed to establish the compensation of the	he					
	_			CEO/Executive Director, but explain	ın Part III					
	Componer	ation committee	П	Written employment contract						
		ent compensation consultant	✓	Compensation survey or study						
		of other organizations	$\overline{\mathbf{Z}}$	Approval by the board or compensa	ition committee					
4			90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
	related organiza	ation								
а		ance payment or change-of-contr		-		4a		No		
b	•	r receive payment from, a supplei	•	· ·		4b		No		
С	•	r receive payment from, an equity of lines 4a-c. list the persons and		nsation arrangement? plicable amounts for each item in Par	+ 111	4c		No		
	1. 105 to any t	or mices the cynterior persons and	provide the app		• • • • • • • • • • • • • • • • • • • •					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any						
а	The organization	n?				5a		<u></u>		
b	Any related orga					5b				
_	-	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 t	the organization pay or accrue any						
a	The organization					6a		<u> </u>		
b	Any related orga	anızatıon? 6a or 6b, describe in Part III				6b				
7	•		A line to did i	the organization provide any name	d					
7	payments not d	escribed in lines 5 and 6? If "Yes,"	" describe in Pa		u	7				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8				
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9				
For F	Paperwork Redu	iction Act Notice, see the Insti	uctions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

			 Schedule J (F	orm 990) 2018

Schedule J (Form 990) 2018 Part III Supplemental Information 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

Schedule J (Form 990) 2018

#### **Additional Data**

(1)

(1)

(1)

(1)

CLIFTON KARNEI

KHAKI BORDOVSKY

VP - SERVICES

RODNEY LITTLE

MANAGER NETWORK SERVICES

ANTHONY KROSKEY

SYSTEM OP KYLE MINNIX

MANAGER COMMUNICATIONS CARL CURRY

BRENT FOX

JOHNNY YORK

VP - TRANSMISSION

JOSH CLEVENGER

TRAVIS THRALL

SHARI HEINO

VP - GENERATION

CHIEF COMPLIANCE OFFICER

VP - POWER SUPPLY

PLANT MANAGER

MANAGER TRANSMISSION

MANAGER FISCAL SERVICES

MANAGER

EXECUTIVE VP & GENERAL

**Software Version:** ETNI.

785,055

301,456

174,984

156,145

136,806

153,496

151,418

289,734

287,329

214,576

187,579

(i) Base Compensation

74-0524720

(iii)

Other reportable

compensation

2,157,937

18,754

856

5,058

23,381

3,247

4,409

27,847

2,755

709

594

other deferred

compensation

140,299

-16,902

19,426

139

20,402

15,544

14,886

-1,824

5,068

26,340

22,820

(E) Total of columns

(B)(ı)-(D)

3,145,875

399,408

228,502

182,866

220,447

212,711

206,816

404,347

383,926

311,591

269,638

benefits

34,036

27,959

28,212

11,517

29,550

30,333

27,740

25,283

31,695

31,307

24,382

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

591,538

EIN.	74-0324729
Name:	BRAZOS ELECTRIC POWER COOPERATIVE INC
m 990, Schedule J, Part II - Officers, Directors, Trustees, K	ey Employees, and Highest Compensated Employees

28,548

68,141

5,024

10,007

10,308

10,091

8,363

63,307

57,079

38,659

34,263

Software ID:

(ii)

Bonus & incentive

compensation

Form 990,	Schedule J,	Part II	- Office	ers,	Directors,	Tru	stees,	Key	Employees,	and F	lighest Con	npensate	d Employees	

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	Highest Compensate	d Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	Г

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493316046399				
SCHEDUL	ΕO	Supplement	al Informatio	on to Form 990 or 9	190_E7	OMB No 1545-0047				
(Form 990 or EZ)		Complete to pro Form 990 c	ons on	2018						
Department of the T	reasury	<b>▶</b> Go to <u>v</u>	n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection					
Namel & the ofg BRAZOS ELECTRIC		ERATIVE INC			Employer identi 74-0524729	fication number				
990 Schedul	e O, Suppl	emental Informatio	n							
Return Reference		Explanation								
FORM 990, PART VI, SECTION A, LINE 6	BRAZOS E	ELECTRIC IS OWNED B	Y 16 MEMBER ELEC	TRIC DISTRIBUTION COOPER.	ATIVES					

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990, THE FORM 990 IS PREPARED BY BKD IT IS THEN REVIEWED BY THE MANAGER OF FISCAL SERVICES AND CONTROLLER, VICE PRESIDENT, SERVICES, AND THE EXECUTIVE VICE PRESIDENT AND GENERAL MANAGE SECTION B, R BEFORE IT IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO ITS SUBMISSION TO THE LINE 11B HE IRS

# 990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990,
PART VI,
SECTION B,
LINE 12C

ON AN ANNUAL BASIS THE DIRECTORS FILL OUT A CONFLICT OF INTEREST CERTIFICATION AND DISCLOS
URE FORM ON A MONTHLY BASIS THE BOARD IS PROVIDED A SCHEDULE OF PAYMENTS MADE FOR SERVICE
S AND GOODS PROVIDED THE COOPERATIVE IF A BUSINESS DECISION INVOLVES A CONFLICT WITH A ME
MBER, THAT MEMBER IS REQUESTED TO SIT OUT OF THE MEETING WHILE A DISCUSSION AND VOTE IS HE
LD

Return Explanation
Reference

FORM 990,	CEO PAY IS DETERMINED BY THE BRAZOS ELECTRIC BOARD ALONG WITH WAGE SURVEY INFORMATION THAT
PART VI,	S PROVIDED FOR CEO SALARIES THE BOARD MEMBERS MEET TO DISCUSS IF AN INCREASE SHOULD BE
SECTION B,	GIVEN BASED ON PERFORMANCE AND TENURE IN THE POSITION THE 16 MEMBER BOARD IS RESPONSIBLE
LINE 15A	FOR DECIDING ON THE PAY OF THE CEO

Return Explanation
Reference

FORM 990,	VICE PRESIDENT'S PAY IS DETERMINED BASED ON TWO COMPONENTS EACH VICE PRESIDENT'S JOB TITL
PART VI,	E IS PLACED IN A SALARY GRADE BASED ON WAGE SURVEY STUDIES INDIVIDUAL INCREASES ARE BASED
SECTION B,	ON PERFORMANCE, TENURE, AND POSITION WITHIN THE SALARY GRADE THE CEO OF BRAZOS ELECTRIC
LINE 15B	IS RESPONSIBLE FOR EVALUATING INCREASES FOR VICE PRESIDENTS

Return Explanation

FORM 990, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART VIII, LINE 6A

Reference	Explanation
	2018 PATRONAGE ALLOCATED TO MEMBERS \$59,316,127 INCOME FROM EQUITY INVESTMENTS \$3,555,887
PART XI,	PATRONAGE CAPITAL RETIREMENTS (\$25,000,000) ACES LLC K-1 INCOME (\$7,749)
LINE 9	

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

Department of the Treasury

BRAZOS ELECTRIC POWER COOPERATIVE INC

Internal Revenue Service Name of the organization

# **Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493316046399 OMB No 1545-0047

> Open to Public Inspection

**Employer identification number** 

							74-0	524729				
Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answe	red "Yes	' on Form	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (ıf applicable) of disregarded entity		<b>(b)</b> Primary activi		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		ts (f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Comple	te if the orga	nization	answered '	'Yes" on F	 orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity		Primary activity Legal dom		(c) (d micile (state gn country) Exempt Coo		Public o	(e) harity status on 501(c)(3))	(f) Direct controlling entity		(g) Section 5 (13) cont entity	
(1)BRAZOS SANDY CREEK ELECTRIC COOPERATIVE 7616 BAGBY AVE	GENERATE	E PWR		TX	501(C)(12)				BRAZOS	S ELECT	<b>Yes</b> Yes	No
WACO, TX 76712 87-0806881												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	190.		Ca	t No 50135	ΣY				Sche	edule R (Form	990) 2C	118

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income		Disprop			ispropritionate allocations? Code V-UBI amount in bo 20 of Schedule K-			ral or aging	<b>(k)</b> Percentage ownership
				314)			Yes	No	1	Yes	No			
Part IV Identification of Related Organizations Taxable as a because it had one or more related organizations treated					ation answ	vered "Yes	" on F	orm 9	90, Part IV,	line	34			
(a) (b)	(c	)	(4	d) (t	(e)	(f)		(g)	(H	1)		(1)		

(a) Name, address, and EIN of related organization	(b)	(a)							
	Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(contr	on 512 (13) rolled ity?
(1)BRAZOS FUEL COMPANY INC PO BOX 2585 WACO, TX 767022585 74-1787410	FUEL PRODUCTS	TX	BRAZOS ELECTRIC	C CORPORATION	-11,036	36,297	100 000 %	Yes	

Schedule R (Form 990) 2018		Pag	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	11		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
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

				1 1	
l Performance of services or membership or fundraising solicitations for related organization(s) $\dots$				11 Y	'es
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
f r Other transfer of cash or property to related organization(s)				1r	No
f 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 lin	e, including covered i	relationships and tra	nsaction thresholds		İ
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount invo	olved
(1)BRAZOS SANDY CREEK ELECTRIC COOPERATIVE	Н	87,390,353	FMV		
(2)BRAZOS SANDY CREEK ELECTRIC COOPERATIVE	L	60,000	FMV		

Schedule R (Form 990) 2018

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships																							
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		organizations?		organizations?		organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) of Disproprtional ear allocations?		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) Code V-UBI General or managing partner?  20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No											
										Schedul	e R (Forn	n 99	0) 2018										

